**FILED** 

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90168 020 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700094022

1. Corpor ation Name

MOORE BUSINESS ASSOCIATES, INC.

Principal Flace of Business Mailing Address							i ladiidar iid ibiii ibair sairi dair			11919 1707 1807
1400 VILLAGE	SQUARE BLVD.	1400 VILLAGE SQUARE BLVD.								
#3-248		#3-248			}	DO NOT WRITI	P PINT MI =	SPACE		
TALLAHASSEE FL 32312 TALLAHASSE			EE FL 32312			-	Date Incorporated or Qualifed	E IN THIS (	SFACE	
						3.	11/03/1997			
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI N imber		Ap	plied For	
21		26				59-3480239		No	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Certifcate of Status Desired		\$8.75 A	
22		27					Certificate of Status Desired		Fee Re	quired
City & Sitet	e –	City & State			6.	Election Campaign Financing		\$5.00		
23		28					Trust Fund Contribution	<u> </u>	Added t	io Fees
Zip	Country	Zip	Coun	ıtry		8.	This corporation owes the curre	nt year Inta		
24	25	29	30				Personal Property Tax.			□No
	9. Name and Address of Curre	n: Registered Agent		1		10.	Name and Address of New Re	egistered A	Agent	
BON	ID MATUANI		ļ	81	Name					
BOND, NATHAN L				82	Street A	ddress (F	P.O. Box Number is Not Acceptab	oie)		
	I KILLARNEY WAY									
IALL	LAHASSEE FL 32308		-	83						
			-	84	City				85 Zip C	Code
	to the provisions of Sections 607.05			1	•			FL		
agent. I a SIGNATUF:E	m familiar with, and accept the oblig		TE: Registered A					DATE		
12.	OFFICERS A	NI) DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	CERS AN	D DIRECTO	
TITLE	PSD	☐ DELETE	1.1 TITL	.E					Change	☐ Addition
NAME	MOORE, JANET A		12 NA	ΜE						
STREET ADDRESS	1400 VILLAGE SOUARE BLVD	).#3-248	1.3 STREET ADDRESS							
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CIT	Y-ST	ZIP					
TITLE		DELETE 2.1		2.1 TITLE					Change	☐ Addition
NAME			2.2 NAM	ME	į					
STREET ADDRESS			2.3 STF	REET	ADDRESS					
CITY-ST-ZIP			2. 4 CIT	Y-\$1	F- ZIP					
TITLE		☐ DELETE	3.1 1111	LE					Change	☐ Addition
NAME	~		- 3.2 NAM	ΜE	- 1					
STREET ADDRESS			3.3 STF	REET	ADDRESS					
CITY-ST-ZIP			34, CIT	Y-S	T-ZIP					
TITLE		☐ DELETE	4,1 TITU	LE					Change	☐ Addition
NAME			4.2 NA	ME						
STREET ADDRESS			4.3 STF	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	5.1 TITI	LE	<u> </u>				Change	Addition
NAME			5.2 NA	WE						
STREET ADDRESS			5.3 STF	REET	ADDRESS					
CITY-ST-ZIP			5 4 CIT		î-ZIP					
TITLE		☐ DELETE	6.1 TITI	LE					Change	☐ Addition
NAME			62 NA	ME	-					
STREET ADDRESS			6.3 STF	REET	ADDRESS					1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP

850-385-5173