CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098030 1. Corporation Name moon; computer tech corp 1470-low 10sthare miami, & 33172

Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90109 019 ***150.00

Principal Place of Business Mailing Address 1470-Unw mar turo-unu losare

WOW! 41 33100	s miomi,	tr 33/1	DO NOT WRITE IN THIS SPACE
·			3. Date Incorporated or Qualifed
2. Principal Place of Business	2a. Mailing Address	· _	(7)47)4917
21	26		4. FE! Number Applied For
Suite, Apt. #. etc.	Suite, Apt. #, etc.		05 0 1905 Not Applicable
22	27	· ·	5. Certifcate of Status Desired \$8.75 Additional
City & State	City & State		Fee Required
	28		6. Election Campaign Financing \$5.00 May Be
Zip Country	Zip	Country	Added to Fees
25	29	30	8. This corporation owes the current year Intangible
9. Name and Address of Curr	ent Registered Agent	1301	Personal Property Tax. Yes No
LURS Mar donad	\ <u>\</u>	81 Name	10. Name and Address of New Registered Agent
1470-47W 101	14mare	82 Street	Address (P.O. Box Number is Not Acceptable)
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	•	84 City	
11. Russiant to the Condition		1 1 '	Fi 85 Zip Code
office or registered/agent, or both, in the Star	02 and 607.1508, Florida Statut	es, the above-named	corporation submits this statement for the purpose of changing its registered
agent. I am familiar with, and accept the oblig	lations of, Section 607,0505, Flo	uthorized by the corporate of the corpor	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registered ag		Ergeberoz ydeut siguatore të	Schried when reinstatings
OFFICERS A	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TADDRESS		5.2 NAME	
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ST-ZiP		940174-51-21P	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(2hi). 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 oath; 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 chapted or on an attachment with an address, with all other like empowered.

IBNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO