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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000101614

MOORE REAL ESTATE CONCEPTS INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90046 036 ***150.00

Principal Place of Business Mailing Address Mailing Address Surpeit Street Surpei	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MERE 2011/12 0011021 10						
NAPLES FL 34109 NAPLES FL 34109 APLES FL 34109 APPLEO J St. 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2b. 2b. 4FEI Number	Principal Place	of Business	Mailing Address			4 10071003 (10 1311) 13891 601111 00111 00141 (110	.) 181191 91914 19119 1	1811 6181 1881
NAPLES FL 34109 NAPLES FL 34109 APLES FL 34109 APPLEO J St. 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2b. 2b. 4FEI Number								
2. Principal Place of Business 21								
2. Principal Place of Business 2a. Mailing Address 2a. Mailing Address 2b. 4581 DELEON St. 2b. 4588917 Intel Applies 2b. 4581 DELEON St. 2b. 4588917 Intel Applies 2b. 4581 DELEON St. 2b. 4581							IS SPACE	
Suite, Agl. #, etc.						12/01/1997		
Suite, Apj. #, etc. 22							\ -	plied For
22	21 <i>453)</i>	DELEON St.		EON S	5+.	59-3488917		t Applicable
City & State 23	— <i>11 a</i>	#, etc.	⊢			5. Certifcate of Status Desired		
23 FORT MUJES FL. 28 FORT MUJES FL. True Fund Conclination Address of Country Zip		•				6. Election Campaign Financing		
9. Name and Address of Current Registered Agent MOORE, KIMBERLY ANN 3715 FIELDSTONE BLVD. NAPLES FL 34109 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Sections Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CIVY FL 85 Zip Cod. 15. Vivi FL 85 Zip Cod. 16. Vivi FL 85 Zip Cod. 16. Vivi FL 85 Zip Cod. 17. Supplied when initiating this statement for the purpose of changing its reg office or registered agent or both in the state of Florida. Statutes. The above-named corporation submits this statement for the purpose of changing its reg office or registered agent or both in minimal with, and accept the obligations of, Sections Statutes. The above-named corporation submits this statement for the purpose of changing its reg office or registered agent or both in minimal with an available of the purpose of changing its reg office or registered agent or both in minimal with a purpose of changing its reg of the appointment as regist agent. I am factor of the purpose of changing its reg of the appointment as regist agent. I am factor of the purpose of changing its reg of the pu	23 FORT	-MYERS FL	28 FURT MY		<u> </u>	Trust Fund Contribution		o Fees
9. Name and Address of Current Registered Agent MOORE, KIMBERLY ANN 3715 FIELDSTONE BLVD. NAPLES FL 34109 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-ne-corporation's board of directors. I hereby accept the epipotamore of Section 607.0503, Florida Statutes, by a bove-ne-corporation's board of directors. I hereby accept the epipotamore of Section 607.0503, Florida Statutes, by a bove-ne-corporation's board of directors. I hereby accept the epipotamore are registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the epipotamore are registered agent, and armiliar with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE SIGNATURE	•		·		•			
MOORE. KIMBERLY ANN 3715 FIELDSTONE BLVD. NAPLES FL 34109 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligations of, Section 607.0505 florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligations of, Section 607.0505 florida Statutes, the corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligations of, Section 607.0505 florida Statutes, the corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligations of, Section 607.0505 florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligations of, Section 607.0505 florida Statutes, the corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligations of Section 607.0505 florida Statutes, the corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligation of the corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligation of the corporation's board of directors. I hereby accept the appointment as registragent. I am familiar with, and accept the obligation of the corporation's board of directors. I hereby accept the appointment	24 <i>3391</i>	07 25 US	29 33907 31	0 4	(3			□No
MOORE, KIMBERLY ANN 3715 FIELDSTONE BLVD. NAPLES FL 34109 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its reg office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regists agent, I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE SIGNATURE OPERATE OP		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
3715 FIELDSTONE BLVD. NAPLES FL 34109 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Cod. 84 City FL 85 Zip Cod. 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Cod. 87 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent. I am farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 88 City FL 85 Zip Cod. 89 City FL 85 Zip Cod. 80 City FL 85 Zip Cod. 80 City FL 85 Zip Cod. 81 ADDITIONS/CHANGES of All Prepayment of the purpose of changing its regist agent and tale if applicable of the provision of submits this statement for the purpose of changing its regist agent agent agent and tale if applicable of the provision of the purpose of changing its regist agent and the purpose	4400	OF MIMPEDIA ANN		181	Name			
NAPLES FL 34109 B3					Street Add	dress (P.O. Box Number is Not Acceptable)		
Section								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Changing its registred agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registred agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proted name of regulational agent and size of Applicable (NOTE: Registered Agent agrinutor regulated when reinstation) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE MOORE, KIMBERLY ANN 3715 FIELDSTONE BLVD 13. STREET ADDRESS CITY-ST-ZIP MAPLES FL 34109 14. CITY-ST-ZIP DELETE 21. TITLE Change CHANGE 12. TITLE Change Change CHY-ST-ZIP TITLE DELETE 31. TITLE Change Change CHY-ST-ZIP TITLE ASTREET ADDRESS 33. STREET ADDRESS CITY-ST-ZIP Change CHY-ST-ZIP Change CHANGE ASTREET ADDRESS CITY-ST-ZIP TITLE DELETE 31. TITLE Change	NAPL	LES PL 34109		83	'			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Changing its registred agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registred agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or proted name or registrated agent and title if applicable (NOTE: Registrate Agent alignature (equited when reinstation) DATE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE MOORE, KIMBERLY ANN 3715 FIELDSTONE BLVD 13. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 14. CITY-ST-ZIP DELETE 21. TITLE Change CITY-ST-ZIP DELETE 31. TITLE Change Change CITY-ST-ZIP Change CITY-ST-ZIP DELETE 31. TITLE Change Change CITY-ST-ZIP TITLE A.2 TITLE Change CHANGE A.3 STREET ADDRESS CITY-ST-ZIP DELETE 31. TITLE Change Change CITY-ST-ZIP TITLE DELETE 51. TITLE Change Change Change CITY-ST-ZIP TITLE DELETE 51. TITLE Change Chan				84	City		85 Zip (Code
office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607-0505, Fiorida Statuties. SIGNATURE 12					1,			
TITLE				<u></u>	nt signature requir		AND DIRECTO	
NAME MOORE, KIMBERLY ANN 3715 FIELDSTONE BLVD 13 STREET ADDRESS	- · · · · · · · · · · · · · · · · · · ·		. 					[] Addition
STREET ADDRESS STIFE STREET ADDRESS STREET ADDRES		•						
TITLE				li .	T ADDRESS			
TITLE								
NAME STREET ADDRESS CITY- ST-ZIP CITY- ST-ZIP CITY- ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE AL CITY-		MAPLES PL 34109	□ DELETE	_	31-ZIP		Change	☐ Addition
STREET ADDRESS 23 STREET ADDRESS				ŀ				
CITY-ST-ZIP				i	`	er i sue e e e e e e e e e e e e e e e e e e		
DELETE DELETE 3.1 TITLE Change					-			
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE STREET AD			☐ DELETE		31-ZIF		Change	Addition
STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP								
CITY-ST-ZIP					T ADDRESS			
DELETE					Ì			
NAME \$TREET ADDRESS CITY- \$T- ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY- \$T- ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- \$T- ZIP TITLE DELETE 6.1 TITLE Change Change			☐ DELETE		<u>, D.</u>		Change	☐ Addition
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			—		<u> </u>			
A CITY-ST-ZIP				B.				
TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME 5.3 STREET ADDRESS CITY- ST-ZIP 5.4 CITY- ST-ZIP Change TITLE DELETE 6.1 TITLE Change					1			
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY- ST- ZIP 5.4 CITY- ST- ZIP TITLE DELETE 6.1 TITLE Change			☐ DELETE	_			Change	☐ Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change				5.2 NAME				
CITY-ST-ZIP				5.3 STREE	ET ADDRESS	:		
TITLE DELETE 6.1 TITLE Change				5.4 CITY-	ST-ZIP	-ri		
COMONE			☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	NAME			6.2 NAME				
STREET ADDRESS 6.3 STREET ADDRESS				6.3 STREE	ET ADDRESS		•	

CITY-ST-ZIP

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 oath; that I am an officer or director of the corporation or the receiver or truese expressed 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRIVATE THAT OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

2E034 (11/98)