

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000035050

1. Corporation Name

BLUE MOON SEMINARS, INC.

Principal Place of Business
526 NORTH RAINBOW DRIVE
HOLLYWOOD HILLS FL 33021

Mailing Address
526 NORTH RAINBOW DRIVE
HOLLYWOOD HILLS FL 33021

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90076 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1998

4. FEI Number

65-0833663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
-Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 814135
Suite, Apt. #, etc.

23 City & State

28 Hollywood FL

24 Zip Country

29 FL 33081 30

9. Name and Address of Current Registered Agent

NEAL, ANN E ESQ.
2451 BRICKELL AVENUE
SUITE 7-T
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name **Alan Cohn, Esq**
82 Street Address (P.O. Box Number is Not Acceptable)
Abrams Anton PA
83 **2021 Tyler St.**
84 City **Hollywood** FL 85 Zip Code **33020**

11. Pursuant to the provisions of Sections 607.0592 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/20/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **President**
STREET ADDRESS **Ross Greene**
CITY-ST-ZIP **20 Bow Road**
Wayland, MA 01778

TITLE ☐ DELETE
NAME **Vice president**
STREET ADDRESS **Greg Greene**
CITY-ST-ZIP **526 N. Rainbow Drive**
Hollywood FL 33021

TITLE ☐ DELETE
NAME **Vice President**
STREET ADDRESS **Elie Hammerling**
CITY-ST-ZIP **91 Whittier Ave**
Pittsfield MA 01201

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Date

954-964-9802

Daytime Phone #

CR2E034 (1/98)