

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90006 048 ***150.00

DOCUMENT # P98000065606

1. Corporation Name
PURPLE MOON, INC.

Principal Place of Business
14686 WILDWOOD DRIVE
LARGO FL 33774

Mailing Address
14686 WILDWOOD DRIVE
LARGO FL 33774

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1998

4. FEI Number

59-3527038

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

21 833 Douglas Ave

Suite, Apt. #, etc.

22 Dunedin, FL

City & State

23 Zip 34698 Country US

24 34698 25 US

2a. Mailing Address

26 833 Douglas Ave

Suite, Apt. #, etc.

27 Dunedin, FL

City & State

28 Zip 34698 Country US

29 34698 30 US

9. Name and Address of Current Registered Agent

WINTERS, ELISE K
600 CLEVELAND STREET
SUITE 940
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

NAME AVILA, TINA MARIE
STREET ADDRESS 455 ALTERNATE 19, APT. 204
CITY-ST-ZIP PALM HARBOR FL 33774

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

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CITY-ST-ZIP

TITLE DELETE

NAME
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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 DIRECTOR Change Addition

1.2 NAME AVILA, TINA MARIE
1.3 STREET ADDRESS 1307 TENBY WAY
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683

2.1 TITLE DIRECTOR Change Addition

2.2 NAME STIVER, SHERYL RAYE
2.3 STREET ADDRESS 14686 WILDWOOD DR
2.4 CITY-ST-ZIP LARGO, FL 33774

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:

Sheryl R. Stiver

4-26-99

727-738-1511

Date

Daytime Phone #

CR2E034 (11/98)