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
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90051 013 ***150.00

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DOCUMENT # P98000099182

1. Corporation Name

DESIGNS BY MOONLIGHT, INC.

Principal Place of Business	Mailing Address
701 ORCHID DRIVE PLANTATION FL 33317	701 ORCHID DRIVE PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualifed
11/25/1998

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number 65-0896985	Applied For / Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip [24]	Country [25]	Zip [29]	Country [30]

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ENGLAND, RODGER E 7364 SW 9TH CT PLANTATION FL 33317	81 Name: RODGER D. ENGLAND 82 Street Address (P.O. Box Number is Not Acceptable): 7364 S.W. 9th Ct 83 84 City: PLANTATION FL 85 Zip Code: 33317

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D NAME BACKUS, TRACY E STREET ADDRESS 701 ORCHID DRIVE CITY-ST-ZIP PLANTATION FL 33317	☐ DELETE	1.1 TITLE DIRECTOR PRESIDENT 1.2 NAME BACKUS, TRACY E 1.3 STREET ADDRESS 701 ORCHID DR 1.4 CITY-ST-ZIP PLANTATION, FL 33317	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (11/98)

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: *Tracy E. Backus*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4/15/99   954-581-1873
Date   Daytime Phone #