


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90134 035 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|---|--|---|
| DOCUMENT # P98000102341 | | | |
| 1. Corporation Name OAK MOON RISING, INC. | | | |
| Principal Place of Business 3060 CRYSTAL WAY MIRAMAR FL 33025 | | Mailing Address 3060 CRYSTAL WAY MIRAMAR FL 33025 | |
| 2. Principal Place of Business 21 38 S. Federal Hwy #5 Suite, Apt. #, etc. 22 Dania Beach, FL City & State 23 33004 USA Zip Country 24 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | |
| 9. Name and Address of Current Registered Agent ARONOFF, MARVIN 3060 CRYSTAL WAY MIRAMAR FL 33025 | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | President /Treas. <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Christina E. Aronoff | 1.2 NAME | |
| STREET ADDRESS | 3060 Crystal Way | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miramar, FL 33025 | 1.4 CITY-ST-ZIP | |
| TITLE | Vice President <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kerri A. Aronoff | 2.2 NAME | |
| STREET ADDRESS | 3060 Crystal Way | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miramar, FL 33025 | 2.4 CITY-ST-ZIP | |
| TITLE | Atty Secretary <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Marvin Aronoff | 3.2 NAME | |
| STREET ADDRESS | 3060 Crystal Way | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Miramar, FL 33025 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

Christina E. Aronoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99

954-430-9656

CR2E034 (11/98)