FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:22

DOCUMENT # S31914 (2)

1. Corporation Name
MOSKOW ENTERPRISES INC.

Principal Place of Business	Mailing Address
3100 NW 122 AVE 13801 W. SUNRISE Blvd SUNRISE FL 33323 SUNRISE FL 33323	3100 NW 122 AVE P.O. BOX 9706 SUNRISE FL 33323 FT. LAUD. FL 33310 3550 FAIR FAX LANE, DAVIE 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0244267 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 / County — 25 / Zip — 29 / County — 30
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOSKOW, REINA
3100 NW 122 AVE P.O. Box 9706 3550 FAIRFAX LANE
SUNRISE FL 33323 FT. LAUD. FL 33310 DAVIE FL 33330

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 _____ (DATE)
(Signature, type(s) or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE	MOSKOW, REINA	☒ Change ☐ Addition
NAME	MOSKOW, REINA	12 NAME		
STREET ADDRESS	3100 NW 122ND AVE. P.O. Box 9706	13 STREET ADDRESS	3550 FAIRFAX LANE	
CITY ST ZIP	SUNRISE FL 33323 FT. LAUD. FL 33310	14 CITY ST ZIP	DAVIE FL 33330	
TITLE	PD	21 TITLE	MOSKOW, STEPHEN	☒ Change ☐ Addition
NAME	MOSKOW, STEPHEN	22 NAME		
STREET ADDRESS	3100 NW 122ND AVE. P.O. Box 9706	23 STREET ADDRESS	3550 FAIRFAX LANE	
CITY ST ZIP	SUNRISE FL 33323 FT. LAUD. FL 33310	24 CITY ST ZIP	DAVIE FL 33330	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an (A) there.

SIGNATURE: Reina Moskow Stephen Moskow 4/27/95 (305) 846-0085
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DATE) (TELEPHONE NUMBER)
REINA MOSKOW Stephen MOSKOW

0231466 CP