

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S80552 (0)

1. Corporation Name
MOFFA & MOFFA P.A.

Principal Place of Business
110 S.E. SIXTH ST.
SUITE 1840
FT. LAUDERDALE FL 33301-5000

Mailing Address
110 S.E. SIXTH ST.
SUITE 1840
FT. LAUDERDALE FL 33301-5000

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1991

4. FEI Number

65-0302120

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **ONE FINANCIAL PLAZA**

Suite, Apt. #, etc.

22 **SUITE 2202**

City & State

23 **FT LAUDERDALE FL**

Zip

24 **33394**

Country

25 **BRITAIN**

2a. Mailing Address

26 **ONE FINANCIAL PLAZA**

Suite, Apt. #, etc.

27 **SUITE 2202**

City & State

28 **FT LAUDERDALE FL**

Zip

29 **33394**

Country

30 **BRITAIN**

9. Name and Address of Current Registered Agent

MOFFA, JOSEPH C
110 S.E. SIXTH ST.
SUITE 1840
FT. LAUDERDALE FL 33301-5000

10. Name and Address of New Registered Agent

81 Name **JOSEPH C. MOFFA**
82 Street Address (P.O. Box Number is Not Acceptable)
ONE FINANCIAL PLAZA
83 **SUITE 2202**
84 City **FT LAUDERDALE FL** 85 Zip Code **33394**

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 of position

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **MOFFA, JOSEPH C**
STREET ADDRESS **2780 NE 37TH DR**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **DVP** ☐ DELETE
NAME **MOFFA, DAVID** **JOHN**
STREET ADDRESS **1131 NW 99TH AVE**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **MOFFA, JOHN**
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 in an attachment with an address.

SIGNATURE:

JOSEPH C. MOFFA **PRESIDENT** **1/5/97** **984-761-3700**

CR2E034 (10/97)