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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03999

(2)

ROBERT L. MOORE & ASSOCIATES, P.A.

FILED Apr 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address			ailing Address	şs		L 1881 BII SI ANDEL SEILE IDIEL SEILE INDIE			
4901 N.W. 17TH WAY BUITE 905 FT, LAUDERDALE FL 33309		SU	4901 N.W. 17TH WAY Suite 305 Ft. Lauderdale Fl 33309-3772						
						 Date Incorporated or Qualified 12/31/1991 	3a. Dat 04/1		ast Report 196
Ź.	Principal Place of Business	2a.	2a. Mailing Address			4. FEI Number			
21		26				65-0315243			Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23	City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Zip Cou	nlry 29	Zip Co	ountry	,	This corporation has liability to Florida Statutes	r intangible t		der s. 199.032,
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
MOORE, ROBERT L. 4901 N.W. 17TH WAY SUITE 305				81	Name				
				82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
	FT. LAUDERDALE FL	33309		83					
				84	City			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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO1E Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition ☐ DELETE 11 TITLE TITLE MOORE, ROBERT L. 1.2 NAME NAME 4901 N.W. 17TH WAY #305 STREET ADDRESS 1 3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE MOORE, LOUELLA R 2.2 NAME 4901 NW 17TH WAY #305 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-SY-ZIP 2 4 CITY - ST - 71P DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do 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 bridge 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 or an attachment with an address.

CR2E034 (9/