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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

MOONDOGGIES, INC.

Principal Place of Business

ng Address	

**FILED** 

Apr 02 1998 8:00am

Secretary of State

STUART FL 3	an blyd 3499 <b>a.</b>	STUART FL 3499					
US US		0.00000	Olomic TE Group		DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified 04/03/1992		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		65-0325976	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	<del>-</del> 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	y	8. This corporation owes or has paid the o		
24	25 25 Address of C	29	30]		Personal Property Tax due June 30.	Yes No	
114	9. Name and Address of Co	irrant negistered Agent	81	Name	10. Name and Address of New Registere	a Agent	
	NNES, KATHY 48 SW 18TH AVE		اق ا	1 maine			
	UART FL 34994		82	82 Street Address (P.O. Box Number is Not Acceptable)			
्रा	UMAI FL 37887		83	<u> </u>	The state of the s		
			۳				
			84	City	F	85 Zip Code	
44 Pursuant	to the provisions of Sections 60:	0502 and 607 1509 Florida St	atutos the about	n named oor	rporation submits this statement for the purpose	<del></del>	
office or i	registered agent, or both, in the	State of Florida, Such change w	as authorized b	y the corpora	ation's board of directors. I hereby accept the a	ppointment as registered	
	am tamiliar with, and accept the	palitiations of, Section 607.0505	17 2 11 2.	s. //a	1,00 2/n/c	20	
SIGNATURE	Signature Nice or printed name of custo	ed apont and title if applicable	(NOt Registered Ap	4 TU	MCS 3/1/Surred when reinstating)	7.6	
12.		S AND DIRECTORS	13,	and and and and	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	HAINES, KATHY I.		1.2 NAME		·		
STREET ADDRESS	8548 S.W. 18TH AVENUE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	STUART FL		1.4 City-	ST-ZIP			
TITLE		DELETE	21 TITLE			Change Addition	
NAME			22 NAME				
STREET ADDRESS	ļ		2 3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		· ·	
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		T 1 50	4.4 CITY -	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP		T Access	5.4 CITY-	ST-ZIP		Observe Assess	
TITLE		DELETE	6.1 TITLE	1		Change Addition	
NAME			62 NAME				
STREET ADDRESS				T ADORESS			
CITY-ST-ZIP	<u> </u>		6.4 CITY-	ST-ZIP			

I hereby certify that the information supplied with this filling 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 truttee 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 any attachment with an address.

**SIGNATURE:** 

561-225-1824