

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V41256** (1)

1. Corporation Name  
**MOONBEAM LIMITED, INC.**



Principal Place of Business <b>1402 LAKECREST CIRCLE APOPKA FL 32730 US</b>	Mailing Address <b>1402 LAKECREST CIRCLE APOPKA FL 32730 US</b>
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2. Principal Place of Business <b>21 810 The Spur</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 810 The Spur</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>06/04/1992</b>	3a. Date of Last Report <b>07/02/1996</b>
22 City & State <b>23 Casselberry, FL</b> Zip <b>24 32707</b>	27 City & State <b>28 Casselberry, FL</b> Zip <b>29 32707</b>	4. FEI Number <b>59-3126104</b>	Applied For <input type="checkbox"/> Not Applicable
25 Seminole	30 Seminole	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
9. Name and Address of Current Registered Agent <b>SPADA, TERESSA ROSE 1402 LAKECREST CIR APOPKA FL 32730</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name <b>TERESSA ROSE SPADA</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>810 The Spur</b>
83	84 City <b>Casselberry</b>
85 Zip Code <b>32707</b>	

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 *Teressa Rose Spada* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPADA, DAVID G.</b>	1.2 NAME	
STREET ADDRESS	<b>4910 HAITI CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPADA, TERESSA ROSE</b>	2.2 NAME	<b>spada, Teressa R</b>
STREET ADDRESS	<b>1402 LAKECREST CIRCLE</b>	2.3 STREET ADDRESS	<b>810 The Spur</b>
CITY - ST - ZIP	<b>APOPKA FL</b>	2.4 CITY - ST - ZIP	<b>Casselberry, FL. 32707</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 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 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: *Teressa Rose Spada* **TERESSA ROSE SPADA** 904-428-4829

CR2E034 (9/96)