

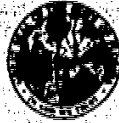
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V67681 (9)

**1. Corporation Name
STEVE MOORE, INC.**

DO NOT WRITE IN THIS SPACE.

**Principal Place of Business Mailing Address
PO BOX 9500 PO BOX 9500
GREENACRES CITY FL 33466-9005 GREENACRES CITY FL 33466-9005**

**3. Date Incorporated or Qualified 3a. Date of Last Report
09/28/1992 01/21/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip **24** Country **25** Country **29** Zip **30** Country

**4. FEI Number Applied For
65-0215049 Not Applicable**
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MOORE, STEPHEN C.
5757 LAKE WORTH ROAD
GREENACRES CITY FL 33466-9005**

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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, STEPHEN C.	12 NAME	
STREET ADDRESS	5757 LAKE WORTH RD.	13 STREET ADDRESS	
CITY - ST - ZIP	GREENACRES CITY FL	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, STEPHEN C	22 NAME	
STREET ADDRESS	5757 LAKE WORTH RD.	23 STREET ADDRESS	
CITY - ST - ZIP	GREENACRES FL	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURAND, WILLIAM K	32 NAME	
STREET ADDRESS	7397 ASHLEY SHORES CIRCLE	33 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CATHERINE A	42 NAME	
STREET ADDRESS	5757 LAKE WORTH RD.	43 STREET ADDRESS	
CITY - ST - ZIP	GREENACRES FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(3)(k), 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 changing, or in an attachment with an address.

SIGNATURE: *Stephen C. Moore* **4/10/95** **107-433-5757**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (By) (Print Name)