

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V67681** (9)
1. Corporation Name
STEVE MOORE, INC.

Principal Place of Business 1700 E. PALM BEACH ROAD BELLE GLADE FL 33430 US	Mailing Address 1700 E. PALM ROAD BELLE GLADE FL 33430 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0215049	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, STEPHEN C.	1.2 NAME	
STREET ADDRESS	5757 LAKE WORTH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES CITY FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTSON, RONALD D.	2.2 NAME	James O. Cole
STREET ADDRESS	5757 LAKE WORTH RD.	2.3 STREET ADDRESS	5757 Lake Worth Road
CITY-ST-ZIP	GREEN ACRES FL	2.4 CITY-ST-ZIP	Greenacres, FL
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, CATHERINE	3.2 NAME	James O. Cole
STREET ADDRESS	5757 LAKE WORTH ROAD	3.3 STREET ADDRESS	5757 Lake Worth Road
CITY-ST-ZIP	GREENACRES FL	3.4 CITY-ST-ZIP	Greenacres, FL
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	Baisden, Charles, V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAJOEN, CHARLES V	4.2 NAME	
STREET ADDRESS	5757 LAKE WORTH ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN ACRES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Kathleen Hyle
STREET ADDRESS		5.3 STREET ADDRESS	5757 Lake Worth Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Greenacres, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *Charles V Baisden* **CHARLES V BAISDEN** 3/23/98 561 434 5204

CR2E034 (10/97)