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 # V00712

Country

(2)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

26

MOORE HOLDINGS, INC.

2. Principal Place of Business

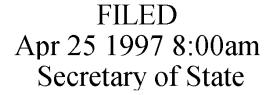
Suite, Apt. #, etc.

SIGNATURE:

City & State

22

Principal Place of Business Mailing Address 95 EAST LAKE ROAD SKANEATELES NY 13152-9101 85 EAST LAKE ROAD SKANEATLES NY 13152





8. This corporation has liability for intangible tax under s. 199.032,

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

0607971

Not Applicable

06/21/1996

3. Date incorporated or Qualified

6. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

12/13/1991

58-1973589

4. FEI Number

24	25	29	30				Florida S	latutes	•	☐ Yes [] No		
					10. Name and Address of New Registered Agent								
F	LETCHER, ROBERT K.			81	N	ame							
3966 AIRWAY CIR				82	1 0,	root Add	iress (P.O. Box N	umbor is No	t Accord	able)			
CLEARWATER FL 34622					1 5	ileet Aug	11 55 (1 .O. DOX 14	IUIIIDEI 15 NIC	i Accept	acio)			
•				83	-								
				-	+-						1221	A	
				84	l) Ci	ity				FL	65	Zip C	00e
	ant to the provisions of Sections 6									purpose of			
office agent	or registered agent, or both, in the . I am familiar with, and accept the	ie State of Florida. Such chang ie obligations of, Section 607.0	e was author 505, Florida (ized by Statute	y the Is.	oorpora:	ation's board of d	irectors. I he	reby acc	epi ine app	ointmer	ntas r	egistered
SIGNATUR	DE.	,											
	Signature, typical or printed name of regis	stered agent and tillo if applicable	(NOTE Regis	stered Ag	ent siç	gnature requ	rired when reinstating)			DATE			
12.		RS AND DIRECTORS		13.			ADDITION	S/CHANGES	TO OFF	ICERS AND			
HHUF	DP	1		.1 TITLE	itte						[_] Cha	nge	
NAME	MOORE, JAMES R.		1	2 NAME		- 1							
STREET ADDRE	,		1.3 \$		STREET ADDRESS								
CITY-ST-ZIP	SKANEATLES NY			4 CITY-S	ST - ZIF	Р						··	
TITLE	1	☐ DELI	ETE 2	1 TITLE							[] Cha	nge	Addition
NAME			2	2 NAME									
STREET ADDRES	ess		2	3 STREET	T ADDI	RESS							
CHY-SI-ZIP			2	4 City-	\$1 - ZI	P			- 4				
THUE		☐ DEL	EYE 3	A TITLE							Cha	nge	Addition
NAME			3	.2 NAME									
STREET ADDRE	FSS		3	3 STREET	t Addi	ress							
CITY-ST-7IP			3	A. CITY-	\$1-ZI	P I							
TELL		☐ DEL	ETE 4	1 TITLE							Cha	nge	Addition
NAME			4	. 2 NAME	:								
STREET ADDRE	ESS			.3 STREET	T ADD	ress							
CHY-S1-ZiP			4	4 City-8	ST-ZIF	Р							
TILLE		☐ DEL	ETE 5	.1 TITLE							Cha	nge	Addition
NAME			5	.2 NAME									
STREET ADORE	FSS		5	3 STREET	T ADDI	RESS							
CITY-S1-7/P			. 5	.4 CITY - S	ST-ZIF	,							
TITLE		DEL DEL	ETE 6	.1 TITLE							Cha	nge	Addition
NAME			6	2 NAME)							
STREET ADDRE	195		6	3 STREET	t addi	RESS							
CITY-ST ZIP			6	.4 CITY - S	ST-ZIF	P							
14 , I do h	ereby certify that the information s	supplied with this filing does no	ot quality for t	the exe	empt	tion states	d in Section 119.	07(3)(i), Flor	ida Statu	tes. I lurther	certify	that ti	ne
intorm Lamia	nation indicated on this annual rep an officer or director of the corpora	ort or eappiemental annual rep ation or the receiver or trustee	port is true ar empowered '	nd acci to exec	urate cute	3 and tha this repo	u my signature st ort as required by	nail have the Chapter 60	same le: 7. Florida	gal effect as Statutes: ai	if mada nd that	e und: my ha	er oath; tha ime
appea	ars in Block 12 or Block 13 it chan	nged, or on an attachment with	an address.							4		,	

Country