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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V00712

MOORE HOLDINGS, INC.

MOONE	, incommon incommon				÷					
Principal Place	e of Business	. Mailing Address				( ) OBA () Blidir Bârri garist iagar	11818 1181 81211 81811			
95 EAST LAKE SKANEATLES N	ROAD	95 EAST LAKE ROA SKANEATELES NY 1				no not wi	RITE IN THIS SI	PACE		
US		US				3. Date Incorporated or Qualife			•	
_						12/13/1991			}	
2 Dringing DI	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For	5
	lace of business	26	_			58-1973589	_	No	t Applicable	12
Suite, Apt.	# etc.	Suite, Apt. #, et	tc.			5. Certifcate of Status Desired		\$8.75 A		,-,
22	, 2.2.	27			_	5. Certificate bi Status Desired		Fee Re	quired	
City & State	e	City & State				6. Election Campaign Financing	9 🗆	\$5.00		
23		28				Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip		Country		8. This corporation owes the cu			□No	
24	25	29	30	-		Personal Property Tax.		_ Yes		
	9. Name and Address of Curre			81	Name	10. Name and Address of New	Registered A	Jent		
EI CT	TCHER, ROBERT K.	734		"			<del> </del>			
	AIRWAY CIR			82	Street Addr	ress (P.O. Box Number is Not Acce	ptable)			
	ARWATER FL 34622			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1449 HOLES HILLS	1131 631 1		
	ANNAILITE 04022								11.23	
				84	City	विधित कुल्का अस्ति विकास के क्रिकेट के क्रिकेट 	FL	85 Zip (	Code	
								1 1		
en magaritation	that A	502 and 607 1508 Florida	Statutes t	he above	-named coro	poration submits this statement for the	ne purpose of ch	nanging its	registered	
11. Pursuant office or n	to the provisions of Sections 607.00 registered agent, or both, in the Statum familiar with, and accept the obligions.	502 and 607.1508. Florida te of Florida. Such change gations of, Section 607.05	Statutes, the was author 05, Florida	he above rized by t Statutes.	-named corp the corporation	poration submits this statement for the on's board of directors. I hereby according to the order of the order	ne purpose of cheept the appoint	nanging its ment as re	registered gistered	
11. Pursuant Office or n agent. I a SIGNATURE							ne purpose of chept the appoint	nanging its ment as re	registered gistered	á
SIGNATURE	Signature, typed or printed name of registered a					oration submits this statement for the on's board of directors. I hereby account of the oration	DATE OFFICERS AND	DIRECTO	ORS IN 12	1/08)
	Signature, typed or printed name of registered a	igent and title if applicable.	(NÖTE: Regi	stered Agent		ad when reinstating)	DATE OFFICERS AND			(41/98)
SIGNATURE  12. TITLE	Signature, typed or printed name of registered a OFFICERS A	igent and title if applicable.	(NÖTE: Regi	stered Agent		ad when reinstating) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	DATE OFFICERS AND	DIRECTO	ORS IN 12	134 (11/98)
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS / DP MOORE, JAMES R.	igent and title if applicable.	(NOTE: Regi	stered Agent 13. 1.1 TITLE	t signature require	ad when reinstating) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	DATE OFFICERS AND	DIRECTO	ORS IN 12	DE034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / DP MOORE, JAMES R.	igent and title if applicable.	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME	signature require	ad when reinstating) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	DATE DEFICERS AND	DIRECTO	DRS IN 12	POE034 (11/98)
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A DP MOORE, JAMES R. 95 EAST LAKE ROAD	igent and title if applicable.	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature require	ad when reinstating) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	DATE DEFICERS AND	DIRECTO	ORS IN 12	CB2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A DP MOORE, JAMES R. 95 EAST LAKE ROAD	igent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	signature require	ad when reinstating) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	DATE DEFICERS AND	DIRECTO	DRS IN 12	CROED34 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A DP MOORE, JAMES R. 95 EAST LAKE ROAD SKANEATLES NY	igent and title if applicable.  AND DIRECTORS  DEL	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	ADDRESS	ad when reinstating) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	DATE DEFICERS AND	DIRECTO	DRS IN 12	CESENSA (11/98)
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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 of the receiver or trustee enpowered 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 a address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

90 EAST LAKE -00%

59K6875LE 50 La

TITLE

NAME

STREET ADDRESS

DELETE

Change

Addition

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90014 045 \*\*\*150.00