

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # F40751

(2)

MULLEN & BIZZARRO, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM11:12

Principal Office Address: 2419 E. COMMERCIAL BLVD., #302
FT. LAUDERDALE FL 33308
Mailing Address: 2419 E. COMMERCIAL BLVD., #302
FT. LAUDERDALE FL 33308

Printed Name in this Space

2. Principal Office Address		2a. Mailing Address		3. Date Incorporated (12/1/1981)	3a. Date of Last Report (03/02/1994)
21	State, Apt. # or	26	State, Apt. # or	4. FFI Number (59-2122212)	Applied For (Not Applicable)
22	City & State	27	City & State	5. Certificate of Status Desired ()	\$8.75 Additional Fee Required
23	City	28	City	6. Election Campaign Financing Trust Fund Contribution ()	\$5.00 May Be Added to Fees
24	County	29	County	8. This corporation has liability for information in chapter 5, Florida Statutes () Yes () No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLEN, JOSEPH P
2419 E COMMERCIAL 302
FT LAUDERDALE FL 33308

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL
86	Zip Code

11. Pursuant to the provisions of Sections 607.01(4)(f) and 607.01(4)(g), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DP MULLEN, JOSEPH P 2419 E COMMERCIAL 302 FT LAUDERDALE, FL 0	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME	DV BIZZARRO, DEBORAH L 2419 E. COMMERCIAL BLVD. #302 FT. LAUDERDALE FL 33308	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.05(1)(b), Florida Statutes. I further certify that the information is based on the common report of independent financial report by me and my family and that my signature shall have the same legal effect and shall be subject to the same consequences as that of the corporation or the financial report prepared by me or the financial report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12, or Block 13 of, changed, or corrected, with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph P. Mullen

5/15/95

305-772-9100