FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F40751** **(2)**

1. Corporation Name

MULLEN & BIZZARRO, P.A.

Principal Place of Business

2419 E. COMMERCIAL BLVD., #302
FT. LAUDERDALE FL 33308

Mailing Address

2419 E. COMMERCIAL BLVD., #302
FT. LAUDERDALE FL 33308

2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **09/01/1981**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2122212** Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 607.1506, 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 DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MULLEN, JOSEPH P	
STREET ADDRESS	2419 E COMMERCIAL 302	
CITY, ST, ZIP	FT LAUDERDALE, FL 0	
TITLE	DV	☐ DELETE
NAME	BIZZARRO, DEBORAH L	
STREET ADDRESS	2419 E. COMMERCIAL BLVD. #302	
CITY, ST, ZIP	FT. LAUDERDALE FL 33308	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address.

SIGNATURE: Joseph P. Mullen JOSEPH P MULLEN PRES. 4/26/96 (954) 772-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)