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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33308-4042~~

3. Date Incorporated or Qualified: 09/01/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 2929 E. Commercial Blvd
Suite, Apt. #, etc.
22: PH - C
City & State
23: Ft. Laud. Fl.
Zip 24: 33308 Country 25: BROW

2a. Mailing Address
26: 2929 E. Commercial Blvd
Suite, Apt. #, etc.
27: PH - C
City & State
28: Ft. Laud. Fl.
Zip 29: 33308 Country 30: BROW

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~~ PH-C
FT LAUDERDALE FL 33308 2929 E. Commercial Blvd.

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 607.1508, 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MULLEN, JOSEPH P		1.2 NAME		
STREET ADDRESS	2419 E COMMERCIAL 302		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 0		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BIZZARRO, DEBORAH L		2.2 NAME		
STREET ADDRESS	2419 E. COMMERCIAL BLVD. #302		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Joseph P. Mullen Pres. 1/8/97 (954) 772-9100 EXT 11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #