

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 # 296001 (1)

1. Corporation Name
JOLLY MUTT, INC.



Principal Place of Business Mailing Address
C/O 212 NORTHEAST 98TH STREET C/O 212 NORTHEAST 98TH STREET
MIAMI FL 33138 MIAMI FL 33138

3. Date Incorporated or Qualified 08/19/1955 3a. Date of Last Report 04/25/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country
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 10. Name and Address of New Registered Agent
HAUSMAN, BEN
212 NE 98TH ST
MIAMI FL 33138
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME HAUSMAN, BEN 1.2 NAME
STREET ADDRESS 1719 NE 142ND STREET 1.3 STREET ADDRESS
CITY - ST - ZIP N. MIAMI FL 1.4 CITY - ST - ZIP
TITLE V ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME HAUSMAN, SONIA 2.2 NAME
STREET ADDRESS 1719 NE 142ND STREET 2.3 STREET ADDRESS
CITY - ST - ZIP N. MIAMI FL 2.4 CITY - ST - ZIP
TITLE T ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME HAUSMAN, BEN 3.2 NAME
STREET ADDRESS 1719 NE 142ND STREET 3.3 STREET ADDRESS
CITY - ST - ZIP N. MIAMI FL 3.4 CITY - ST - ZIP
TITLE D ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME HAUSMAN, SONIA 4.2 NAME
STREET ADDRESS 1719 NE 142ND STREET 4.3 STREET ADDRESS
CITY - ST - ZIP N. MIAMI FL 4.4 CITY - ST - ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
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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

14. I do hereby certify that the information supplied with this filing 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: Sonia Hausman (SONIA HAUSMAN) 4-9-96 (305) 7594911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)