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 # **502794** **(1)**

1. Corporation Name

MOLLOY BROS. INC.

Principal Place of Business

800 NW 27TH AVE
FT LAUDERDALE FL 33311

Mailing Address

800 NW 27TH AVE
FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: **05/10/1976**

3a. Date of Last Report: **01/17/1995**

4. FEI Number: **59-1699287** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent

MOLLOY, THOMAS W
7455 SUNNYHILLS TERR
LANTANA FL 33462

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 Section 607.0502 and 617.1803, 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

(Signature of Current Registered Agent Required for Agent Change) (Signature of New Registered Agent Required for Agent Change) DATE

12. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ DELETE
NAME: **MOLLOY, THOMAS W**
STREET ADDRESS: **800 NW 27TH AVE**
CITY-ST-ZIP: **FT LAUDERDALE, FL 33311**

TITLE: **S** ☐ DELETE
NAME: **MOLLOY, PAMELA L.**
STREET ADDRESS: **% 800 NW 27TH AVE**
CITY-ST-ZIP: **FT LAUDERDALE, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

*1 TITLE ☐ Change ☐ Addition
*2 NAME
*3 STREET ADDRESS
*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

CR2E034 (12/95)

14. I declare that the information supplied with this report is true, which may furnished and 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 above (if changed), or on an attachment with an arrow.

SIGNATURE: Thomas W Molloy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 24th 1996 DATE

305-7929360 DAYTIME PHONE #