
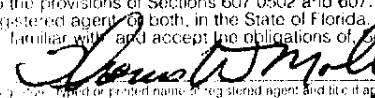
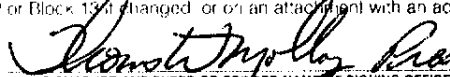


May 19 1997 8:00am  
Secretary of State

FILED  
May 19 1997 8:00a  
Secretary of State

<div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: left;"><b>PROFIT CORPORATION ANNUAL REPORT 1997</b></div><div style="text-align: center;"></div><div style="text-align: right;"><b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</div></div>																																																																																																													
<b>DOCUMENT # 502794</b> 1. Corporation Name <b>Molloy Bros., Inc.</b>																																																																																																													
Principal Place of Business      Mailing Address  <div style="text-align: center;"><b>800 N.W. 27th Ave. Ft. Laud. Fl. 33311</b></div>																																																																																																													
<div style="display: flex; justify-content: space-between;"><div>2. Principal Place of Business <b>21 800 N.W. 27th Ave.</b> State, Apt. #, etc. <b>22 Ft. Laud. Fl.</b> City &amp; State <b>23 33311</b> Zip <b>24 U.S.A.</b></div><div>2a. Mailing Address <b>26 Same</b> Suite, Apt. #, etc. <b>27 Same</b> City &amp; State <b>28 33311</b> Zip <b>29 U.S.A.</b></div><div>3. Date Incorporated or Qualified <b>May 10, 1976</b> 4. FEI Number <b>59-1699287</b> 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div><div>3a. Date of Last Report <b>Feb. 7, 1996</b> Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees</div></div>																																																																																																													
9. Name and Address of Current Registered Agent <b>Thomas W. Molloy 7455 Sunnyhill Terr. Lantana Fl. 33462</b>																																																																																																													
10. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"><div>81 Name <b>Thomas W. Molloy</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>800 N.W. 27th Ave.</b> 83 84 City <b>Ft. Laud.</b> <b>FL</b> 85 Zip <b>33311</b></div></div>																																																																																																													
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. 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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>PRES.: _____ DATE: <b>5/12/97</b></div></div>																																																																																																													
<div style="display: flex;"><div style="flex: 1;"><b>12. OFFICERS AND DIRECTORS</b><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>TITLE</td><td><b>Pres.</b></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td><b>Thomas W. Molloy</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>800 N.W. 27th Ave.</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>Ft. Laud. Fl. 33311</b></td><td></td></tr><tr><td>TITLE</td><td><b>Pamela L. Molloy</b></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td><b>Sec. Treas.</b></td><td></td></tr><tr><td>STREET ADDRESS</td><td><b>800 N.W. 27th Ave.</b></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td><b>Ft. Laud. Fl. 33311</b></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table></div><div style="flex: 1;"><b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>11 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>12 NAME</td><td></td></tr><tr><td>13 STREET ADDRESS</td><td></td></tr><tr><td>14 CITY-ST-ZIP</td><td></td></tr><tr><td>21 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>22 NAME</td><td></td></tr><tr><td>23 STREET ADDRESS</td><td></td></tr><tr><td>24 CITY-ST-ZIP</td><td></td></tr><tr><td>31 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>32 NAME</td><td></td></tr><tr><td>33 STREET ADDRESS</td><td></td></tr><tr><td>34 CITY-ST-ZIP</td><td></td></tr><tr><td>41 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>42 NAME</td><td></td></tr><tr><td>43 STREET ADDRESS</td><td></td></tr><tr><td>44 CITY-ST-ZIP</td><td></td></tr><tr><td>51 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>52 NAME</td><td><b>000002197250</b></td></tr><tr><td>53 STREET ADDRESS</td><td><b>-06/02/97--01017--037</b></td></tr><tr><td>54 CITY-ST-ZIP</td><td><b>***165.00</b></td></tr><tr><td>61 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>62 NAME</td><td></td></tr><tr><td>63 STREET ADDRESS</td><td></td></tr><tr><td>64 CITY-ST-ZIP</td><td></td></tr></table></div></div>		TITLE	<b>Pres.</b>	<input type="checkbox"/> DELETE	NAME	<b>Thomas W. Molloy</b>		STREET ADDRESS	<b>800 N.W. 27th Ave.</b>		CITY-ST-ZIP	<b>Ft. Laud. Fl. 33311</b>		TITLE	<b>Pamela L. Molloy</b>	<input type="checkbox"/> DELETE	NAME	<b>Sec. Treas.</b>		STREET ADDRESS	<b>800 N.W. 27th Ave.</b>		CITY-ST-ZIP	<b>Ft. Laud. Fl. 33311</b>		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME		13 STREET ADDRESS		14 CITY-ST-ZIP		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME		23 STREET ADDRESS		24 CITY-ST-ZIP		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME		33 STREET ADDRESS		34 CITY-ST-ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME		43 STREET ADDRESS		44 CITY-ST-ZIP		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME	<b>000002197250</b>	53 STREET ADDRESS	<b>-06/02/97--01017--037</b>	54 CITY-ST-ZIP	<b>***165.00</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME		63 STREET ADDRESS		64 CITY-ST-ZIP	
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14. I 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 a duly elected 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 or changed, or on an attachment with an address.																																																																																																													
SIGNATURE:  _____ Date: <b>5/12/97 (954) 792-9380</b> Daytime Phone #																																																																																																													