FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # 575124 **(3)**

1. Corporation Name

JOE MOLNAR ENTERPRISES, INC.

Principal Place of Business: [redacted]

Mailing Address: [redacted]

3. Date Incorporated or Qualified: 06/02/1978

3a. Date of Last Report: 01/20/1994

2. Principal Place of Business
21 7118 E. Sahauro Drive

2a. Mailing Address
26 8415 Kachina Drive

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Scottsdale, AZ 85254

City & State
28 Tempe, Arizona 85284

Zip 24 Country 25

Zip 29 Country 30

4. FEI Number: 59-1841697 — 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

[redacted]

10. Name and Address of New Registered Agent

81 Name: George R. McLain

82 Street Address (P.O. Box Number is Not Acceptable): 1800 Second Street, Suite 717

83

84 City: Sarasota — FL — 85 Zip Code: 34236

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: George R. McLain — 3/24/95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MOLNAR, JOSEPH STEVEN	1.2 NAME	
STREET ADDRESS	[redacted] 8415 Kachina Dr.	1.3 STREET ADDRESS	
CITY - ST - ZIP	[redacted] Tempe, AZ 85284	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	MOLNAR, HELENA	2.2 NAME	
STREET ADDRESS	[redacted] 8415 Kachina Dr.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL Tempe, AZ 85284	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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: Joseph S. Molnar — 4/14/95 — (602) 941-9621

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

0342979 CP