

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90010 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F51924**

1. Corporation Name

**MELLARD CORPORATION**

Principal Place of Business

5310 NW 33RD AVENUE  
SUITE 100  
FT. LAUDERDALE FL 33309

Mailing Address

5310 NW 33RD AVENUE  
SUITE 100  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/26/1981**

4. FEI Number

**65-0189756**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **clo Serchay Financial**

Suite, Apt. #, etc.

22 **5300 NW 33 Ave Ste 117**

City & State

23 **FT. Lauderdale FL**

Zip

24 **33309**

Country

25 **USA**

2a. Mailing Address

26 **clo Serchay Financial**

Suite, Apt. #, etc.

27 **5300 NW 33 Ave Ste 117**

City & State

28 **FT Lauderdale FL**

Zip

29 **33309**

Country

30 **USA**

9. Name and Address of Current Registered Agent

SERCHAY, ALLAN  
5310 NW 33RD AVE.  
SUITE 100  
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**clo Serchay Financial**

83 **5300 NW 33 Ave Ste 117**

84 City

**FT Lauderdale**

FL

85 Zip Code

**33309**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **GRAY, ASHLEY**  
STREET ADDRESS **5310 NW 33RD AVENUE SUITE 100**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **V** ☐ DELETE

NAME **GRAY, LANCE**  
STREET ADDRESS **5310 NW 33RD AVENUE #100**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

**P Gray, ASHLEY**

**clo Serchay Financial**

**5300 NW 33 Ave Ste 117**

**FT Lauderdale FL 33309**

☒ Change ☐ Addition

**Gray, Lance**

**5300 NW 33 Ave Ste 117**

**FT Lauderdale FL 33309**

☐ Change ☐ Addition

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/21/99** **427-9889**

CR2E034 (5/99)

0062952

FB1924  
599191-10010-3

PASTA ON THE RUN  
3345 W. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33442  
954-427-9887

To whom it may concern, further  
to our telephone conversation which  
my instructions was to pay the  
\$150 & a short explanation.

We never received any previous  
annual report since the address was  
incorrect, the only reason why we  
received this one was due to the postman  
recognizing the name and delivering it  
somewhere else the proper address  
being 5300 NW 33rd Ave, Suite 117  
Ft. Lauderdale, FL 33309

Thank You for your time  
& Consideration

Yours Sincerely  
Ashley