FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 ($200)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P25809** **(5)**

1. Corporation Name

MOCHON DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
28 JONES ST NEW YORK NY 10014	28 JONES ST NEW YORK NY 10014

3. Date Incorporated or Qualified: **08/29/1989**
3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business
21 **28 JONES ST.**

Suite, Apt. #, etc
22

City & State
23 **NEW YORK, N.Y. 10014**

Zip
24 **10014**

Country
25 **U.S.A.**

2a. Mailing Address
26 **SAME**

Suite, Apt. #, etc
27

City & State
28

Zip
29

Country
30

4. FEI Number: **59-2211027** ☐ 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

NICOLETTO, PAUL J.
317 TENTH ST.
WEST PALM BEACH FL 33401-3317

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 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 of new registered agent, if changing) (Name of Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOCHON, CLINT		1.2 NAME		
STREET ADDRESS	28 JONES ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10014		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOCHON, MICHAEL SCOTT		2.2 NAME		
STREET ADDRESS	722 LONG PRARIE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KATY TX 77450		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOCHON, JOHN		3.2 NAME		
STREET ADDRESS	2454 LALOR RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OREGON WI 53575		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOCHON, BARBARA		4.2 NAME		
STREET ADDRESS	2121 VERNON DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GOLDEN CO 80401		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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)(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: Clint Mochon PRES. 2/1/96 212-929-0528

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

CLINT MOCHON

CR2E034 (12/95)