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 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000022580 (3)**

1. Corporation Name
MOLD - A - BRACE, INC.

Principal Place of Business
10138 LEXINGTON ESTATES BLVD.
BOCA RATON FL 33428

Mailing Address
10138 LEXINGTON ESTATES BLVD.
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1993
3a. Date of Last Report: 07/07/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 65-0443047 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
COX, WILMA
10138 LEXINGTON ESTATES BLVD.
BOCA RATON FL 33428

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 607.0505, 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 Sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
D	COX, MICHAEL F	10138 LEXINGTON ESTATES BLVD.	BOCA RATON FL 33428
D	COX, WILMA	10138 LEXINGTON ESTATES BLVD.	BOCA RATON FL 33428

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, including, if applicable, the 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 with an asterisk (*) in front of the title.

SIGNATURE: Wilma Cox
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

4/29/95 407/852-7236

0268562 CP