SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000051183 (9)**

1. Corporation Name
MONA LISA MASTERPIECE BUILDERS, INC.

Principal Place of Business	Mailing Address
7538 HAZELWOOD CIRCLE LAKE WORTH FL 33467	7538 HAZELWOOD CIRCLE LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report:

2. Principal Place of Business 21 1340 U.S. Highway One	2a. Mailing Address 26 1340 U.S. Highway One	4. FEI Number 65-0503931	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 102	Suite, Apt. #, etc. 27 Suite 102	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Jupiter, Florida	City & State 28 Jupiter, Florida	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33469 / 25 USA	Zip / Country 29 33469 / 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRAMER, SCOTT 1155 U.S HWY. ONE SUITE 205 JUNO BEACH FL 33408	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D	11 TITLE V	Vice - President ☐ Change ☑ Addition
NAME	LIS, THOMAS J	12 NAME	Lis, Thomas J.
STREET ADDRESS	7538 HAZELWOOD CIRCLE	13 STREET ADDRESS	7538 Hazelwood Circle
CITY-ST-ZIP	LAKE WORTH FL 33467	14 CITY-ST-ZIP	Lake Worth, FL. 33467
TITLE	D	21 TITLE P	President ☐ Change ☑ Addition
NAME	LIS, MONA A	22 NAME	Lis, Mona A.
STREET ADDRESS	7538 HAZELWOOD CIRCLE	23 STREET ADDRESS	7538 Hazelwood Circle
CITY-ST-ZIP	LAKE WORTH FL 33467	24 CITY-ST-ZIP	Lake Worth, FL. 33467
TITLE	D	31 TITLE S/T	S/T ☐ Change ☑ Addition
NAME	AGELOFF, CAROL	32 NAME	Ageloff, Carol
STREET ADDRESS	301 OCEAN BLUFFS BLVD.	33 STREET ADDRESS	301 Ocean Bluffs Blvd. - Apt. 506
CITY ST ZIP	JUPITER FL 33477	34 CITY-ST-ZIP	Jupiter, FL. 33477
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Carol Ageloff (CAROL AGELOFF) Secretary 7/31/95 407-743-3744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000050 CP