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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000051183 (9)

1. Corporation Name

MONA LISA MASTERPIECE BUILDERS, INC.

Principal Place of Business	Mailing Address
1340 US HWY 1 STE 102 JUPITER FL 33469 US	1340 US HWY 1 STE 102 JUPITER FL 33469 US

3. Date Incorporated or Qualified: **07/11/1994**

3a. Date of Last Report: **08/07/1995**

4. FEI Number: **65-0503931** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 7538 Hazelwood Circle	26 P.O. Box 3113
Suite, Apt. #, etc. 22 Lake Worth, FL.	Suite, Apt. #, etc. 27
City & State 23 Lake Worth, FL.	City & State 28 Tequesta, FL.
Zip 24 33467 Country 25 Palm Beach	Zip 29 33469 Country 30 Palm Beach

9. Name and Address of Current Registered Agent

KRAMER, SCOTT
1155 U.S HWY. ONE
SUITE 205
JUNO BEACH FL 33408

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 607.1506, 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, if applicable, the title of officer) (NOTE: Registered Agent Signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	LIS, THOMAS J		1.2 NAME		
STREET ADDRESS	7538 HAZELWOOD CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	33467	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	LIS, MONA A		2.2 NAME		
STREET ADDRESS	7538 HAZELWOOD CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	33467	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	AGELOFF, CAROL		3.2 NAME		
STREET ADDRESS	301 OCEAN BLUFFS BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP	33477	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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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) Secy-Treas. 4/26/96 (407)747-7109

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