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 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000057990 (1)**

1. Current Name
MOLA INVESTMENTS, INC.

Principal Place of Business
~~6225 N. DALEMABRY~~
~~SUITE 501~~
~~TAMPA FL 33614~~

Mailing Address
~~6225 N. DALEMABRY~~
~~SUITE 501~~
~~TAMPA FL 33614~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1090 S. BELCHER RD
22 Suite, Apt. # or Rte.
23 City & State: LARGO FL
24 Zip: 34641
25 County: PINELLAS

2a. Mailing Address
26 1090 S. BELCHER RD
27 Suite, Apt. # or Rte.
28 City & State: LARGO FL
29 Zip: 34641
30 County: PINELLAS

4. FEI Number: 59-3256448 — 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 authority to indemnify its officers and directors pursuant to Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MOLA, GUL
~~6225 N. DALEMABRY~~
~~SUITE 501~~
~~TAMPA FL 33614~~

10. Name and Address of New Registered Agent

81 Name: MOLA, GUL
82 Street Address (P.O. Box Number is Not Acceptable): 1090 S. BELCHER RD
83
84 City: LARGO FL 85 Zip Code: 34641

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17	
01 Title	D	01 Title	D ☒ Change ☐ Addition
02 Name	MOLA, GUL	02 Name	MOLA, GUL
03 Street Address	~~6225 N. DALEMABRY, SUITE 501~~	03 Street Address	1090 S. BELCHER RD
04 City, St, Zip	~~TAMPA FL 33614~~	04 City, St, Zip	LARGO FL 34641
11 Title		11 Title	☐ Change ☐ Addition
12 Name		12 Name	
13 Street Address		13 Street Address	
14 City, St, Zip		14 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	
31 Title		31 Title	☐ Change ☐ Addition
32 Name		32 Name	
33 Street Address		33 Street Address	
34 City, St, Zip		34 City, St, Zip	
41 Title		41 Title	☐ Change ☐ Addition
42 Name		42 Name	
43 Street Address		43 Street Address	
44 City, St, Zip		44 City, St, Zip	
51 Title		51 Title	☐ Change ☐ Addition
52 Name		52 Name	
53 Street Address		53 Street Address	
54 City, St, Zip		54 City, St, Zip	

14. I do hereby certify that the information supplied with this report is accurate and that the mandatory fees have been added. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE:

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

0297087 CP