


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90015 003 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000079947

1. Corporation Name

BRUCE MOLLE & ASSOCIATES, INC.

Principal Place of Business

626 HIGMAN CIR 112
SANFORD FL 32713
US

Mailing Address

229 AQUA VISTA STREET
DEBARY FL 32713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 610 HICKMAN CIR.	26 610 HICKMAN CIR.	59-3272464	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 # 100	27 # 100		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 SANFORD, FL.	28 SANFORD, FL.		
Zip	Zip	8. This corporation owes the current year Intangible Personal Property.	Yes No
24 32771	29 32771		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

MOLLE, BRETT
229 AQUA VISTA STREET
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name	BRETT MOLLE
82 Street Address (P.O. Box Number is Not Acceptable)	229 AQUA VISTA ST.
83	
84 City	DEBARY
85 Zip Code	FL 32713

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MOLLE, BRUCE	1.2 NAME	
STREET ADDRESS	229 AQUA VISTA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	MOLLE, BRETT	2.2 NAME	
STREET ADDRESS	229 AQUA VISTA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	MOLLE, DORIS	3.2 NAME	
STREET ADDRESS	229 AQUA VISTA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

Bruce Molle **BRUCE MOLLE**

9-9-99

407-322-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)