

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000040204 (6)**

1. Corporation Name

**J. MONDELLI & ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

10980 LASALINAS CIRCLE  
BOCA RATON FL 33428

10980 LASALINAS CIRCLE  
BOCA RATON FL 33428

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**05/12/1995**

3a. Date of Last Report

4. FEL Number

**65-0584147**

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

**9. Name and Address of Current Registered Agent**

**MONDELLI, JOSEPH  
10980 LASALINAS CIRCLE  
BOCA RATON FL 33428**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

**10. Name and Address of New Registered Agent**

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	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1. 2 NAME	
STREET ADDRESS	1. 3 STREET ADDRESS	
CITY-ST-ZIP	1. 4 CITY-ST-ZIP	
TITLE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2. 2 NAME	
STREET ADDRESS	2. 3 STREET ADDRESS	
CITY-ST-ZIP	2. 4 CITY-ST-ZIP	
TITLE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3. 2 NAME	
STREET ADDRESS	3. 3 STREET ADDRESS	
CITY-ST-ZIP	3. 4 CITY-ST-ZIP	
TITLE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4. 2 NAME	
STREET ADDRESS	4. 3 STREET ADDRESS	
CITY-ST-ZIP	4. 4 CITY-ST-ZIP	
TITLE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5. 2 NAME	
STREET ADDRESS	5. 3 STREET ADDRESS	
CITY-ST-ZIP	5. 4 CITY-ST-ZIP	
TITLE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6. 2 NAME	
STREET ADDRESS	6. 3 STREET ADDRESS	
CITY-ST-ZIP	6. 4 CITY-ST-ZIP	

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\*\*\*200.00

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 or 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:

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)