

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056329 (2)

1. Corporation Name

JOLLY MON PROPERTIES, II, INC.



Principal Place of Business

Mailing Address

416 PETRONIA ST
KEY WEST FL 33040

416 PETRONIA ST
KEY WEST FL 33040

3. Date Incorporated or Qualified
07/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 204 MEAD ST.

22 City & State

27 P.O. Box 10

23 Zip

Country

28 WACCABUC NY

Zip

Country

24

25

29 10597

30

USA

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWNING, MICHAEL
402 APPELROUTH LN
KEY WEST FL 33040

81 Name VINCENT FILASKI

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

83

84 City KEY WEST

FL

85 Zip Code 33040

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's signature required when reinstating)

6/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME D
STREET ADDRESS FILASKI, FLORENCE
CITY-ST-ZIP MEAD ST
WACCABUC NY 10597

DELETE

TITLE
NAME D
STREET ADDRESS FILASKI, VINCENT
CITY-ST-ZIP MEAD ST
WACCABUC NY 10597

DELETE

TITLE
NAME
STREET ADDRESS FILASKI, RICHARD
CITY-ST-ZIP 6 OLMSTED HILL RD.
WILTON CT

DELETE

TITLE
NAME
STREET ADDRESS FILASKI, DAVID
CITY-ST-ZIP 115 N. SALEM RD.
RIDGEFIELD, CT 06877

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director
FLORENCE FILASKI

6/6/96 212-662-0583

CR2E034 (3/96)