

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000056329 (2)

1. Corporation Name

JOLLY MON PROPERTIES, II, INC.

Principal Place of Business

416 PETRONIA ST
KEY WEST FL 33040

Mailing Address

209 MEAD STREET
POST OFFICE BOX 10
WACCABUC NY 10597
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

07/03/1996

4. FEI Number

APPLIED FOR 22-3429212

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 115 No. Salem Rd

27 Suite, Apt. #, etc.

28 City & State

28 RIDGEFIELD, CT

29 Zip 30 Country

29 06877 30 FAIRFIELD

9. Name and Address of Current Registered Agent

FILASKI, VINCENT
530 PETRONIA STREET
KEY WEST FL 33040

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 607.1508, 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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME FILASKI, RICHARD
STREET ADDRESS 6 OLMSTED HILL ROAD
CITY-ST-ZIP WILTON CT

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME


6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

RIDGEFIELD, CT 06877

14. I do 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 registrant 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 in an attachment with an address.

SIGNATURE:

 David Filaski

09/10/97

212-662-0583

CR2E034 (4/97)