## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 02 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600000437 (9)

MULDOON WAREHOUSE II, INC.

Principal Place of Business Mailing Address 1382 WEST MCNAB ROAD 1382 WEST MCNAB ROAD FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-1120 3a. Date of Last Report 3. Date Incorporated or Qualified 12/29/1995 04/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0642745 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes No 25 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 GLASSER, GENE K ESQ. ABRAMS, ANTON, ROBBINS, RESNICK & SCHNEIDER 82 Street Address (P.O. Box Number is Not Acceptable) 2021 TYLER STREET HOLLYWOOD FL 33022 83 84 City Zio Code 85 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\_Hogistered Agent signature required whor reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Charige \_\_\_ Addition TITLE 1.1 1111.0 Riesgo, Catherine MULDOON, CATHERINE **1382 WEST MCNAB ROAD** STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition MULDOON, TIMOTHY J NAME 1382 WEST MCNAB ROAD STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZiP DELETE Change Addition 4.1 THEE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - 7IP DELETE Change Addition TITLE 5 1 1IILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - \$1 - 21P TITLE DELFTE Change Addition 6110118 NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

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 any all 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 thy darporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name