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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000072840** (6)

MOLLICA, JENSON & FREZZA, INC.

Principal Place of Business

Mailing Address

## FILED Feb 04 1998 8:00am Secretary of State



Timopari io	too of pasilioas	Maining Address			
2003 LAKE MAITLAND	HOWELL LANE FL 32751	2003 LAKE HOWELL LA MAITLAND FL 32751	ANE		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					08/22/1997
	Place of Business	2a. Mailing Address			4. FEI Number 7 ///// Applied For
21		26			59-3464055 Not Applicat
Sulte, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & Sta	ate	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curre	nt Registered Agent			10, Name and Address of New Registered Agent
A	MERILAWYER CHARTERED		8	i Name	
34	43 ALMERIA AVENUE		8:	2 Street Addi	ress (P.O. Box Number is Not Acceptable)
C	ORAL GABLES FL 33134		•	- Circorrida	TOO (1.5. DOX MULTIDOT ID NOT MODEL) LANGE
			83	3	
			84	1 City	FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.050	02 and 607,1508, Florida Statu	ites, the above	ve-named corr	poration submits this statement for the purpose of changing its registers
Office of	registered agent, or both, in the State	eoi Florida. Such change was	authorized b	by the corporat	tion's board of directors. I hereby accept the appointment as registered
_	am familiar with, and accept the oblig	lations of, Section 607.0505, F	ionda Stalute	95.	
SIGNATURE	Stonature, typed or printed name of registered age	and and the if applicable. (MC	TL Qualitated A	and a se store result	ired when reinstating) DAT(.
12.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	13.	gent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	MOLLICA, MICHAEL E	<b>—</b>	1.2 NAME		
STREET ADDRESS	About 11/2 HAWELL LAND				
	MAITLAND FL 32751		1	1 ADDRESS	
CITY-ST-ZIP	VSD	DELETE	1.4 CITY- 2.1 TITLE	S1-ZIP	Change Addition
NAME	JENSON, DONALD H	L_J OCCUL			C Charge C Nound
	2003 LAKE HOWELL LANE		2.2 NAME		
STREET ADDRESS	MAITLAND FL 32751			T ADDRESS	
CITY-ST-ZIP	<del></del>	T perese	2. 4 CITY-	- ST - ZIP	
TITLE	VID	DELETE	3.1 TITLE		Change Addition
NAME	PREZZA, ANTHONY		3 2 NAME		
STREET ADDRESS	2003 LAKE HOWELL LANE		3 3 STAEF	t address	
CITY-ST-ZIP	MAITLAND FL 32751		3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Additio
NAME			5.2 NAME		<b> </b>
STREET ADDRESS				I ADDRESS	
CITY-ST-ZIP				I	
TITLE		DELETE	5.4 CHY-1	91 - TIL	☐ Change ☐ Addilio
					till cuande Adonic
NAME CENTER ADDRESS	İ		6.2 NAME		
STREET ADDRESS				f ADDRESS	
CITY-ST-ZIP	]		6.4 CITY -	ST-21P	

14. Thereby 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.

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