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

PROFIT CCRPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072840

1. Corporat on Name

MOLLICA, JENSON & FREZZA, INC.

					-		I thatinat ita ibiti hait mait metrt darr darr radr tradr jarst erari narr taar
Principal Place of Business Mailing Address							
2003 LAKE HOWELL LANE			2003 LAKE HOWELL LANE				
MAITLAND FI. 32751		MAITLAND FL 32751					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							08/22/1997
2. Principal Pl	lace of Business	2a	. Mailing Add	Iress			4. FEI Number Applied For
21		26	2624	TAL	BOT	ROAD	59-3464055 Not Applicable
Suite, Art. #, etc.			Suite, Apt. #				5. Certificate of Status Desired \$8.75 Ac ditional
22		27					5. Certificate of Status Desired Fee Required
City & State	e	Т,	City & State			4	6. Election Campaign Financing \$5.00 May Be
23		28	FORM	PAR		FL	Trust F and Contribution Added to Fees
Zip	Country	L,	Zip			ountry	8. This corporation owes the current year Intangible
24	25	29		<u>08</u> 2	30	Somipole	
	9. Name and Address of Current	Regi	stered Agent			04 11	10. Name and Address of New Registere I Agent
ALIE	DII AWVED CHADTEDED					81 Name	MICHAR MOLLICA
AMERILAWYER CHARTERED							d fress (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE CORAL GABLES FL 33134							624 THEBOT ROAD
CON	AL GABLES FL 33134					83	
						84 City	85 Zip Code
						P	17RW PARE FL 32 730
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of more familiar with, and accent the Chicago	and 6	607.1508, Flor ida, Such cha f Section 607	rida Statu nge was a ' 0505 Fic	es, the uthoriz rida St	above-named co ed by the corpora atutes	o poration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	III Jairnilai Will, and a Congression Congression				_	dicca	4/23/99
SIGNATURE	Signature, typed or printed naily or registered agent	ind title				red Agent signature requ	guired when reinstating) DATE
12.	OFFICERS AND	DIRI	ECTORS		1.	3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			DELETE	1.1	TITLE	☐ Change ☐ Addition
NAME	MOLLICA, MICHAEL E				1.2	NAME	
STREET ADDRESS	2003 LAKE HOWELL LANE				1.3	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751				1.4	CITY-ST-ZIP	
TITLE	VSD			DELETE	2.1	TITLE	☐ Change ☐ Addition
NAME	JENSON, DONALD H				2.2	NAME	
STREET ADDRESS	2003 LAKE HOWELL LANE				2.3	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751				2.	4 CITY-ST-ZIP	
TITLE	VTD			DELETE	3.1	TITLE	☐ Change ☐ Addition
NAME	FREZZA, ANTHONY				3.2	NAME	
STREET ADDRESS	AAAA LAME MAMERI LAME				3.3	STREET 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	STREET ADDRESS	
CITY-ST-ZIP					4.4	CITY-ST-ZIP	
TITLE				DELETE	5.1	TITLE	☐ Change ☐ Addition
NAME					5.2	NAME	
STREET ADDRE IS					5.3	STREET ADDRESS	
CITY-ST-ZIP					5.4	CITY-ST-ZIP	
TITLE				DELETE	6.1	TITLE	☐ Change ☐ Addition
NAME					6.2	NAME	ł

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

14. I hereb / 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 recuired 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, with all other like empowered.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90259 043 ***150.00