

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000095905 (0)**  
 1. Corporation Name  
**MOLL ENTERPRISES, INC.**



Principal Place of Business: **206 DUNE CIRCLE NEW SMYRNA FL 32169**  
 Mailing Address: **206 DUNE CIRCLE NEW SMYRNA FL 32169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/10/1997**

4. FEI Number: **59-3478409**

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 (21-24) and Mailing Address (2a-24) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**AMERLAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent (81-85)  
 81 Name: **KEVIN MOLL**  
 82 Street Address (P.O. Box Number is Not Acceptable): **206 DUNE CIRCLE**  
 83  
 84 City: **NEW SMYRNA BEACH FL** 85 Zip Code: **32169**

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: *Kevin Moll* (Kevin MOLL) PSTD DATE: **4-17-98**

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------------|---|---|
| TITLE                      | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MOLL, KEVIN L</b>                 | 1.2 NAME  |   |
| STREET ADDRESS             | <b>206 DUNE CIRCLE</b>               | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEW SMYRNA FL 32169</b>           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MOLL, PAMELA B</b>                | 2.2 NAME  |   |
| STREET ADDRESS             | <b>206 DUNE CIRCLE</b>               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NEW SMYRNA FL 32169</b>           | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 3.2 NAME  |   |
| STREET ADDRESS             |                                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 4.2 NAME  |   |
| STREET ADDRESS             |                                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 5.2 NAME  |   |
| STREET ADDRESS             |                                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 6.2 NAME  |   |
| STREET ADDRESS             |                                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                      | 6.4 CITY-ST-ZIP                                       |   |

14. I 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 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.

SIGNATURE: *Kevin Moll* (KEVIN L. MOLL) PSTD DATE: **4-17-98** **904-426-2220**

CP2E034 (10/97)