3. Date Incorporated or Qualifed

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000093064
I Comoration Name	

J.T. MOLONEY INDUSTRIES, INC.

Pri	ncipal P	lace of t	Business	
772	DIVOLI	CIRCLE	#102	

Mailing Address

DEERFIELD BEACH FL 33441

772 DIVOLI CIRCLE #102 DEERFIELD BEACH FL 33441



DO NOT WRITE IN THIS SPACE

				11/02/1998	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1772	TIVOLI CIR.	26 772 TIVO	LICIR.	65-0872343	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 # 10	2	27 102		or contracts of states 2 contract	Fee Required
City & State		City & State	0 00001	-6. Election Campaign Financing-	\$5.00 May Be
	/ /	DEERFIEL		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country U.S.A.	8. This corporation owes the current year	
4 334	1/ 25 V.S.A.	29 33441 30	Personal Property Tax.		
•	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
I MALANTION T.					
MULUNET, JUNATHUN 1 82 Street Address			dress (P.O. Box Number is Not Acceptable)		
	RFIELD BEACH FL 33441		20 7772	1 TIVOLI CIR. TIOZ	
DEE	THELD BEACH FL 33441		83	•	ļ
	•		84 City	EERFIELD BEACH	85 Zip Code
					FL 3344(
 Pursuant office or n 	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida. Such change was auth	the above-named co orized by the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.		ļ
SIGNATURE	I. Im 12			4 - 26	- 99
12.	Signature, typed or printed name of registered agent a OFFICERS AND		gistered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	
TITLÉ	P OFFICERS AND	DELETE	1.1 TITLE	ADDITION OF THE CONTRACT OF TH	☐ Change ☐ Addition
			1.2 NAME		
NAME	MOLONEY, JONATHON T		1.3 STREET ADDRESS		
STREET ADDRESS	772 DIVOLI CIRCLE #102		l i		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	, DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	ST AND ONEY OTHER	, C. DECENE	22 NAME		
NAME	MOLONEY, STACEY		2.3 STREET ADDRESS		
STREET ADDRESS	772 DIVOLI CIRCLE #102				
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	DELETE	2.4 CITY-ST-ZIP	المستوال المعال	- Change Addition
TITLE"		(Dettere	3.2 NAME		
NAME					
STREET ADDRESS	•		3.3 STREET ADDRESS		}
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE		T print	4.1 ITILE 4.2 NAME		
NAME					
STREET ADDRESS			4.3 STREET ADDRESS		ĺ
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		. — nereie	5.1 IIILE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	·		6.2 NAME		T overse T vegues
NAME :			6.3 STREET ADDRESS		
STREET ADDRESS					ļ
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, with all other like empowered.

URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR