

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90012 014 \*\*\*150.00

**DOCUMENT # P98000105297**

1. Corporation Name

**MOLAMARK CONSTRUCTION, INC.**

Principal Place of Business  
**2780 FRANKLIN ROAD  
ST. CLOUD FL 34771**

Mailing Address  
**2780 FRANKLIN ROAD  
ST. CLOUD FL 34771**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/17/1998**

4. FEI Number

**69-3545286**

Applied For

Not Applicable

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21 800 Offic Plaza Blvd**

Suite, Apt. #, etc.

**22 Suite 402 Room H**

City & State

**23 Kissimmee FL**

Zip

**24 34744**

Country

2a. Mailing Address

**26 2780 Franklin Rd**

Suite, Apt. #, etc.

City & State

**28 St Cloud FL**

Zip

**29 34771**

Country

**30**

9. Name and Address of Current Registered Agent

**GUZMAN, LAZARO  
2780 FRANKLIN ROAD  
ST. CLOUD FL 34771**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
GUZMAN, LAZARO  
2780 FRANKLIN ROAD  
ST. CLOUD FL 34771**

TITLE ☐ DELETE

**Secretary  
Neyza Guzman  
2780 Franklin Rd  
St Cloud FL 34771**

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

**SIGNATURE**

Date

Daytime Phone #

CR2E034 (5/99)

0108866

**MOLAMARK CONSTRUCTION CO.**

800 OFFICE PLAZA BLVD  
SUITE 402 ROOM H  
KISSIMMEE, FL 34744

Phone 407-932-4577  
Fax 407-932-4711

August 24, 1999

TO: ANNUAL REPORTS FILINGS  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: DOCUMENT # P98000105297  
MOLAMARK CONSTRUCTION INC.

TAX ID 59-3545286

THIS IS THE FIRST REPORT FORM THAT I HAVE RECEIVED FOR THE ANNUAL REPORT FOR OUR COMPANY; I (NEYZA GUZMAN) WAS AT THE HOSPITAL WITH A PREMATURE LABOR AND BABY WHEN THIS FORM WAS RECEIVED AT OUR OFFICE--ON JULY 28, I CALLED TO THIS NUMBER (850) 488-9000 AND THE PERSON INFORMED ME TO SENT A LETTER EXPLAINING EVERYTHING AND ENCLOSED A CHECK FOR THE AMOUNT OF ONE HUNDRED FIFTY DOLLARS FOR THE ANNUAL REPORT.

THANK YOU FOR YOUR ATTENTION AT THIS MATTER IF YOU HAVE ANY QUESTION PLEASE FEEL FREE TO CALL US AT YOUR EARLY CONVENIENCE AT:

OFFICE: 407-932-4577  
FAX: 407-932-4711

OUR NEW ADDRESS IS:

800 OFFICE PLAZA BLVD  
SUITE 402 ROOM H  
KISSIMMEE, FL 34744

SINCERELY YOURS,

  
NEYZA GUZMAN

CERTIFIED # Z-281-046-592