

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S24229 (4)**

1. Corporation Name

EILEEN L. MOULY & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

290 NW 165 ST.
P 800
N. MIAMI BEACH FL 33169
US

290 NW 165 ST.
P 800
N. MIAMI BEACH FL 33169
US

2. Principal Place of Business

2a. Mailing Address

21 290 NW 165 ST
Suite, Apt. #, etc.

26 290 NW 165 ST
Suite, Apt. #, etc.

22 PH 2
City & State

27 PH 2
City & State

23 N. MIAMI BEACH, FL
Zip County

28 N. MIAMI BEACH, FL
Zip County

24 33169

25 DADE

29 33169

30 DADE

9. Name and Address of Current Registered Agent

MOULY, EILEEN L.
290 NW 165 ST P800
SUITE 207
N. MIAMI BEACH FL 33169

81 Name
EILEEN L. MOULY
82 Street Address (P.O. Box Number is Not Acceptable)
290 NW 165 ST
83 PH 2
84 City
N. MIAMI BEACH FL 85 Zip Code
33169

3. Date Incorporated or Qualified 01/11/1991	3a. Date of Last Report 02/13/1995
4. FEI Number 65-0238076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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 *Eileen Moly*

Signature, typed or printed name of registered agent and fee applicant

DATE: Register Agent Signature required with corporation

3/19/96

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOULY, EILEEN L.	
STREET ADDRESS	290 NW 165 ST P800	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	290 NW 165 ST - PH 2		
1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Eileen Moly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shelby (305) 945-7000

CR2E034 (12/95)