SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:02

DOCUMENT # **V18712** **(2)**

1. Corporation Name

THE LOLLY GROUP, INC.

Principal Place of Business	Mailing Address
~~4802 GUNN HWY~~ ~~TAMPA FL 33624~~ ~~US~~	~~6135~~ SAVOY CIRCLE LUTZ FL 33549 ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1992	3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3112733	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21: 14845 N DALE MABRY	26: 14845 N Dale Mabry
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: TAMPA, FL	28: City & State: TAMPA FL
24: Zip: 33618 25: Country: Hillsborough	29: Zip: 33618 30: Country: Hillsborough

9. Name and Address of Current Registered Agent

EPSTEIN, LESLEY E
6135 SAVOY CIRCLE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: Lesley C. EPSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 14845 N Dale Mabry Hwy
83:
84 City: TAMPA FL 85 Zip Code: 33618

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	EPSTEIN, ADAM N.	12 NAME	EPSTEIN, ADAM N.
STREET ADDRESS	6135 SAVOY CIRCLE	13 STREET ADDRESS	14845 N Dale Mabry Hwy
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	TAMPA FL 33618
TITLE	DVP	21 TITLE	DVP ☒ Change ☐ Addition
NAME	EPSTEIN, LESLEY C.	22 NAME	EPSTEIN Lesley C
STREET ADDRESS	6135 SAVOY CIRCLE	23 STREET ADDRESS	14845 N Dale Mabry Hwy
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	TAMPA FL 33618
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: X Lesley C Epstein X 6/19/95 X 813 961 6900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0183242 FP