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FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 235618 (6)

1. Corporation Name:
JACK MUELLER & ASSOCIATES, INC.

Principal Place of Business

9450 SUNSET DRIVE
SUITE 200
MIAMI FL 33173

Mailing Address

9450 SUNSET DRIVE
SUITE 200
MIAMI FL 33173-3241

3. Date Incorporated or Qualified

04/20/1960

3a. Date of Last Report

04/15/1996

4. FEI Number

59-0902541

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MUELLER JR., JOHN W.
9450 SUNSET DRIVE, SUITE 200
MIAMI FL 33173

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	V	<input type="checkbox"/> DELETE
NAME	MORGENROTH, THOMAS	
STREET ADDRESS	9450 SUNSET DR., SUITE 200	
CITY - ST - ZIP	MIAMI FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	MUELLER JR, JOHN W	
STREET ADDRESS	9450 SUNSET DR	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MUELLER, SUSAN A	
STREET ADDRESS	9450 SUNSET DR	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURPHY, PATRICK J	
STREET ADDRESS	9450 SUNSET DR	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WEAVER, KRISTINA L	
STREET ADDRESS	9450 SUNSET DRIVE, SUITE 200	
CITY - ST - ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LOWE, LAURIE J	
STREET ADDRESS	9450 SUNSET DRIVE, SUITE 200	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robin D. Teagarden, Jr.	
1.3 STREET ADDRESS	9450 Sunset Drive - Suite 200	
1.4 CITY - ST - ZIP	Miami, Florida 33173	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John W. Mueller, Jr., President

4-10-97

Date

(305) 279-5555

Daytime Phone #

0234266

CR2E034 (9/96)