

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90066 024 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **F95000002832**

1. Corporation Name
R.P. MULLER, INC.



Principal Place of Business C/O NICHOLAS J. DENOVI 701 BRICKELL AVE SUITE 1600 MIAMI FL 33131	Mailing Address C/O NICHOLAS J. DENOVI 701 BRICKELL AVE SUITE 1600 MIAMI FL 33131
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1995	Applied For
4. FEI Number 65-0591107	Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 c/o William C. Schmidt Suite, Apt. #, etc. 22 64 S.E. 5th Avenue City & State 23 Delray Beach, FL Zip 24 33483	2a. Mailing Address 26 c/o William C. Schmidt Suite, Apt. #, etc. 27 64 S.E. 5th Avenue City & State 28 Delray Beach, FL Zip 29 33483
---	--

9. Name and Address of Current Registered Agent

DENOVI, NICHOLAS J
 701 BRICKELL AVE
 SUITE 1600
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue, 19th Floor
83	
84 City Miami	85 Zip Code FL 33131

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	D	<input type="checkbox"/> DELETE
NAME	HAYES, BRENDA	
STREET ADDRESS	6116 TERA ROSA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DEBORAH	
STREET ADDRESS	C/O BRENDA HAYES @ 6116 TERA ROSA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLER, KEVIN	
STREET ADDRESS	C/O BRENDA HAYES @ 6116 TERA ROSA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MULLER, RALPH P	
STREET ADDRESS	C/O BRENDA HAYES @ 6116 TERA ROSA CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CALEDONIAN BANK & TRUST LIMITED	
STREET ADDRESS	P.O. BOX 1043 N/A	
CITY-ST-ZIP	GRAND CAYMAN/CAYMAN ISLANDS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)