

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

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000001458 (6)**  
 1. Corporation Name  
**GEIER/MULES FINANCIAL MANAGEMENT, INC.**



Principal Place of Business <b>5092 DORSEY HALL DR                  SUITE 202                  ELLICOTT CITY MD 21042                  US</b>	Mailing Address <b>5092 DORSEY HALL DR                  SUITE 202                  ELLICOTT CITY MD 21042                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/21/1996**

4. FEI Number <del>59-1950789</del> <b>52-1950799</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>100 TECHNOLOGY PARK</b> Suite, Apt. #, etc. 22 <b>SUITE 165</b> City & State 23 <b>LAKE MARY, FL</b> Zip 24 <b>32746</b>	25 <b>USA</b>	2a. Mailing Address 26 <b>100 TECHNOLOGY PARK</b> Suite, Apt. #, etc. 27 <b>SUITE 165</b> City & State 28 <b>LAKE MARY, FL</b> Zip 29 <b>32746</b>	30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**GEIER, THOMAS M  
 255 S ORANGE AVE SUITE 701  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>100 TECHNOLOGY PARK</b>
83	<b>SUITE 165</b>
84 City	<b>LAKE MARY</b>
85 State	<b>FL</b>
86 Zip Code	<b>32746</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIER, THOMAS M</b>	1.2 NAME	
STREET ADDRESS	<b>255 S ORANGE AVE SUITE 701</b>	1.3 STREET ADDRESS	<b>100 TECHNOLOGY PARK, SUITE 165</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	1.4 CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULES, DANIEL W</b>	2.2 NAME	
STREET ADDRESS	<b>5092 DORSEY HALL DR., SUITE 202</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLICOTT CITY MD</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIER, JOSEPH N</b>	3.2 NAME	
STREET ADDRESS	<b>5092 DORSEY HALL DR., SUITE 202</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLICOTT CITY MD</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)