

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

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

05-05-1999 90200 005 \*\*\*150.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F96000001458**

1. Corporation Name  
**GEIER/MULES FINANCIAL MANAGEMENT, INC.**



Principal Place of Business <b>100 TECHNOLOGY PARK          SUITE 165          LAKE MARY FL 32746          US</b>	Mailing Address <b>100 TECHNOLOGY PARK          SUITE 165          LK MARY FL 32746          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>605 CRESCENT EXEC CT</b> Suite, Apt. #, etc. 22 <b>SUITE 300</b> City & State 23 <b>LAKE MARY, FL</b> Zip Country 24 <b>32746</b> 25 <b>US</b>	2a. Mailing Address 26 <b>PO BOX 953485</b> Suite, Apt. #, etc. 27 City & State 28 <b>LAKE MARY FL</b> Zip Country 29 <b>32795-3485</b> 30 <b>US</b>
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3. Date Incorporated or Qualified <b>03/21/1996</b>	4. FEI Number <b>52-1950799</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GEIER, THOMAS M  
 100 TECHNOLOGY PARK #165  
 LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	<b>810 SILVER ROSE CT</b>		<b>LAKE MARY</b>	<b>FL 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: *Thomas M Geier* **THOMAS M GEIER** 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 <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIER, THOMAS M</b>	12 NAME	
STREET ADDRESS	<b>100 TECHNOLOGY PARK #165</b>	13 STREET ADDRESS	<b>810 SILVER ROSE CT</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	14 CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULES, DANIEL W</b>	22 NAME	
STREET ADDRESS	<b>5092 DORSEY HALL DR., SUITE 202</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLCOTT CITY MD</b>	24 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIER, JOSEPH N</b>	32 NAME	
STREET ADDRESS	<b>5092 DORSEY HALL DR., SUITE 202</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>ELLCOTT CITY MD</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 of an attachment with an address with all other like empowered.

SIGNATURE: *Thomas M Geier, President* **4/30/99 407-804-0800**