

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR -6 AM 6:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N28626 (2)**  
1. Corporation Name  
**EXXON ANNUITANTS CLUB OF SOUTH FLORIDA, INC.**

Principal Place of Business Mailing Address  
**C/O H. G. PRALL**  
**1139 ALFONSO AVE**  
**CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/01/1988** 3a. Date of Last Report **03/18/1994**  
4. FEI Number **65-0106043** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country  
24 Zip 25 Country 29 Zip 30 Country

## 9. Name and Address of Current Registered Agent

**PRALL, H.G.**  
**1139 ALFONSO AVE.**  
**CORAL GABLES FL 33146**

## 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 re-registering)

DATE

## 12. OFFICERS AND DIRECTORS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>P</b>                       |
| NAME            | <b>MUELLE, JORGE</b>           |
| STREET ADDRESS  | <b>155 OCEAN LANE DR. #215</b> |
| CITY - ST - ZIP | <b>KEY BISCAYNE FL</b>         |
| TITLE           | <b>VP</b>                      |
| NAME            | <b>GARDNER, DONALD J.</b>      |
| STREET ADDRESS  | <b>3319 ANDERSON RD.</b>       |
| CITY - ST - ZIP | <b>CORAL GABLES FL</b>         |
| TITLE           | <b>Y</b>                       |
| NAME            | <b>MCCANN, PETER</b>           |
| STREET ADDRESS  | <b>5820 SW 87TH ST</b>         |
| CITY - ST - ZIP | <b>MIAMI FL</b>                |
| TITLE           | <b>S</b>                       |
| NAME            | <b>PRALL, DONA M.</b>          |
| STREET ADDRESS  | <b>1139 ALFONSO AVE.</b>       |
| CITY - ST - ZIP | <b>CORAL GABLES FL</b>         |
| TITLE           | <b>D</b>                       |
| NAME            | <b>BLATZ, LEO</b>              |
| STREET ADDRESS  | <b>8900 SW 104 ST</b>          |
| CITY - ST - ZIP | <b>MIAMI FL</b>                |
| TITLE           | <b>D</b>                       |
| NAME            | <b>WILSON, DOUGLAS</b>         |
| STREET ADDRESS  | <b>6831 SW 147 AVE #3E</b>     |
| CITY - ST - ZIP | <b>MIAMI FL</b>                |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 64 CITY - ST - ZIP |                                                                   |

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)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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

**JORGE MUELLE, President**

03/28/95 (305) 361-7281