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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	235618
		200010

 Corporation 	n Name				
JACK MU	JELLER & ASSOCIATES, IN	IC.			
					L LEGGER MEGRA CHIAS BUREN ALLEN ESTAN FOLL DEBLE ALDRE BUREN BUREN BUREN BUREN (B.B.)
Principal Place	e of Business	Mailing Address			
9450 SUNSET D	RIVE	9450 SUNSET DRIVE			
SUITE 200		SUITE 200			
MIAMI FL 33173		MIAMI FL 33173			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/20/1960
L	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 -		_ 26 _			59-0902541 Not Applicable \$8.75 Additional
└	Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required		
22					
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zin	Country	28 Zip	Country	,	This corporation owes the current year intangible
Zip	r	29 30	¬ ′	,	Personal Property Tax.
24	25 9. Name and Address of Curren		<u>'</u>		10. Name and Address of New Registered Agent
	9, Maine and Address of Conten	t Registered right	81	Name	10.
MUE	LLER JR., JOHN W.		L		A STATE OF THE STA
	SUNSET DRIVE, SUITE 200		82	Street A	Address (P.O. Box Number is Not Acceptable)
)	AI FL 33173		83	 -	<u> </u>
	,		84	City	FL 85 Zip Code
44 Burniant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	e-named	compression cultimits this statement for the purpose of changing its registered
l office or r	enistered agent or both in the State.	of Florida. Such change was auth	orizeo ov	the corbo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes	3.	
SIGNATURE	Signature, typed or printed name of registered age	et and title if applicable (NOTE: Re	nistered Ane	nt signature r	required when reinstating) DATE
12.		ID DIRECTORS	13.	in orginaturo i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP :	☐ DELETE	1,1 TITLE		VP ☐ Change
NAME	TEAGARDEN, ROBIN D JR		1.2 NAME		Thomas Morgenroth
STREET ADDRESS	9450 SUNSET DR STE 200		13 STREE	T ADDRESS	9450 Sunset Drive - Ste. 200
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-S		Miami, Florida 33173
TITLE	PDT	☐ DELETE	2.1 TITLE	,,	Assistant Secretary
NAME	MUELLER JR, JOHN W		2.2 NAME		Kimberly A. Johnson
STREET ADDRESS	9450 SUNSET-DR -			T ADDRESS	1
	MIAMI, FL 00000	• • • • • • •	2. 4 CITY-		Miami, Florida 33173
CITY-ST-ZIP	S	☐ DELETE	3.1 TITLE	01-211	Change Addition
NAME	MUELLER, SUSAN A		3.2 NAME		
	9450 SUNSET DR			T ADDRESS	
STREET ADDRESS	MIAMI, FL 00000	1	3.4, CITY-		
CITY-ST-ZIP TITLE	V	☐ DELETE	4.1 TITLE	91-EII	☐ Change ☐ Addition
NAME	WURPHY, PATRICK J	_	4. 2 NAME		
STREET ADDRESS	9450 SUNSET DR			T ADDRESS	
	MIAMI, FL 00000		4.4 CITY-5		
CITY-ST-ZIP TITLE	AS	☐ DELETE	5.1 TITLE		Change Addition
NAME	LOWE, LAURIE J	_	5.2 NAME		
CTREET ANDRESS	I QASO SUNSET DRIVE SUITE 2	00	5.3 STREE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	9450 SUNSET DRIVE, SUITE 2 MIAMI FL	00	5.3 STREE 5.4 CITY-5		

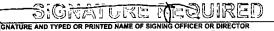
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature 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.

6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

NAME STREET ADDRESS



4-9-99

(305) 279-5555