

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90027 016 ***158.75

DOCUMENT # 235618

1. Corporation Name

JACK MUELLER & ASSOCIATES, INC.

Principal Place of Business

9450 SUNSET DRIVE
SUITE 200
MIAMI FL 33173

Mailing Address

9450 SUNSET DRIVE
SUITE 200
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1960

4. FEI Number

59-0902541

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

8. This corporation owes the current year Intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

MUELLER JR., JOHN W.
9450 SUNSET DRIVE, SUITE 200
MIAMI FL 33173

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME TEAGARDEN, ROBIN D JR
STREET ADDRESS 9450 SUNSET DR STE 200
CITY-ST-ZIP MIAMI FL 33173

TITLE PDT ☐ DELETE

NAME MUELLER JR, JOHN W
STREET ADDRESS 9450 SUNSET DR
CITY-ST-ZIP MIAMI, FL 00000

TITLE S ☐ DELETE

NAME MUELLER, SUSAN A
STREET ADDRESS 9450 SUNSET DR
CITY-ST-ZIP MIAMI, FL 00000

TITLE V ☐ DELETE

NAME MURPHY, PATRICK J
STREET ADDRESS 9450 SUNSET DR
CITY-ST-ZIP MIAMI, FL 00000

TITLE AS ☐ DELETE

NAME LOWE, LAURIE J
STREET ADDRESS 9450 SUNSET DRIVE, SUITE 200
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME Thomas Morgenroth
1.3 STREET ADDRESS 9450, Sunset Drive - Ste. 200
1.4 CITY-ST-ZIP Miami, Florida 33173

2.1 TITLE Assistant Secretary ☐ Change ☒ Addition

2.2 NAME Kimberly A. Johnson
2.3 STREET ADDRESS 9450 Sunset Drive - Ste.-200
2.4 CITY-ST-ZIP Miami, Florida 33173

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 REQUIRED

4-9-99

(305) 279-5555

Date

Daytime Phone #

0248964

CR2F034 (11/98)