SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1)**DOCUMENT #** 369484 MULLET INN, INC. Mailing Address Principal Place of Business P.O. BOX 10596 6415 W. COLUMBUS DRIVE **TAMPA FL 33679** P.O. BOX 10596 3a. Date of Last Report 3. Date incorporated or Qualified TAMPA FL 33607 10/02/1995 09/09/1970 Applied For 4. FEI Number Mailing Address 2a. 2. Principal Place of Business Not Applicable 59-1302240 26 21 \$8.75 Additional Suite, Apt #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for inlangible tax under s. 199 032, 23 Country Zip Country Zip Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name KING, O.C. Street Address (P.O. Box Number is Not Acceptable) 62 6415 W. COLUMBUS DR. **TAMPA FL 33607** 83 85 Zip Code FL 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or pointed currie of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 11 TITLE PD CR2E034 TITLE 1.2 NAME KING, O.C. NAME 6415 W. COLUMBUS DR. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33607 14 CITY - ST- ZIP Change Addition CITY-ST-ZIP DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 3.1 TIELE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP Change ____ Addition CITY - ST- ZIP DELETE 4 1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIF Change Addition CITY-ST-ZIP DELETE 5.1 Tille TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 500001922885 Addition -08/15/96--01015--038 5 4 CITY - ST - 71F CITY - ST - ZIP DELETE 6 1 1/ILE TITLE 62 NAME NAME 6.3 STREET ADDRESS ***383.75 STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 of director of the constraint on the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Studies, and that my name appears in Block 12 of plock 13 of hanged, or on an attachment with an address 64 CITY - ST - ZIP

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: