

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 25 PM 12:11

DOCUMENT # **389087** (8)  
1. Corporation Name  
**ANSWER ALL TELEPHONE SECRETARIAL SERVICE, INC.**

Principal Place of Business Mailing Address  
**6453 S. ORANGE AVE SUITE 1 ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/29/1971** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1360585** 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  
6. This corporation has liability for intangible tax under S. 189.032, 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 Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**MUELLER, GLENN C  
6453 SO ORANGE AVE  
STE 1  
ORLANDO FL 32809**

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 this if applicable) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME MUELLER, JOANN  
STREET ADDRESS 1270 HARBOUR ISL RD  
CITY - ST - ZIP ORLANDO, FL 00000  
TITLE STD  
NAME MUELLER, GLENN C  
STREET ADDRESS 1270 HARBOUR ISL RD  
CITY - ST - ZIP ORLANDO, FL 00000  
TITLE V  
NAME MUELLER, JO ANN  
STREET ADDRESS 1270 HARBOUR ISL RD  
CITY - ST - ZIP ORLANDO, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP  
21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP  
31. TITLE  Change  Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP  
41. TITLE  Change  Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP  
51. TITLE  Change  Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP  
61. TITLE  Change  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 110.07(3)(k), 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.

SIGNATURE: *Joann Mueller* 5-19-95 407-240-9100  
DATE: \_\_\_\_\_