

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **452112** (6)

1. Corporation Name

**MANDELL, MUELLER AND COMPANY, INC.**



Principal Place of Business

**7362 LAKE WORTH ROAD  
LAKE WORTH FL 33467  
US**

Mailing Address

**7362 LAKE WORTH ROAD  
LAKE WORTH FL 33467  
US**

3. Date Incorporated or Qualified **07/02/1974** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number **59-1544998** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**MANDELL, ROBERT C  
7362 LAKE WORTH ROAD  
LAKE WORTH FL 33467**

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 of Registered Agent or other authorized officer of the corporation

Signature of Registered Agent or other authorized officer of the corporation

DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>VSD</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>MANDELL, ROBERT C</b>    |                                 |
| STREET ADDRESS | <b>7362 LAKE WORTH ROAD</b> |                                 |
| CITY-STATE-ZIP | <b>LAKE WORTH, FL 33463</b> |                                 |
| TITLE          | <b>PD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>MANDELL, ESTHER A</b>    |                                 |
| STREET ADDRESS | <b>7362 LAKE WORTH ROAD</b> |                                 |
| CITY-STATE-ZIP | <b>LAKE WORTH, FL 33463</b> |                                 |
| TITLE          | <b>VD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>MUELLER, LAWRENCE D</b>  |                                 |
| STREET ADDRESS | <b>7362 LAKE WORTH ROAD</b> |                                 |
| CITY-STATE-ZIP | <b>LAKE WORTH, FL 33463</b> |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY-STATE-ZIP  |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY-STATE-ZIP  |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY-STATE-ZIP |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY-STATE-ZIP |   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |   |
| 19. STREET ADDRESS |   |
| 20. CITY-STATE-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)(k), Florida Statutes. I further certify that the information included 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, upon an attachment with an address.

SIGNATURE: *Robert C. Mandell* Robert C. Mandell 1/26/96 (407)439-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE OF FILING AND TELEPHONE NUMBER

CR2E034 (12/95)