

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

FILED  
Mar 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 568179 (6)  
1. Corporation Name  
MULAZ REALTY CORPORATION

Principal Place of Business C/O KIEFER, DONALD P O BOX 833 ARCADIA FL 33821	Mailing Address C/O KIEFER, DONALD P O BOX 833 ARCADIA FL 33821
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1978	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1809815		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KIEFER, DONALD E 2596 MURPHY ST NW ARCADIA FL 34266		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDY HOLMES, DAVID <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PDY DONALD E. KIEFER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2596 MURPHY ST NW	1.2 NAME	2596 MURPHY ST, N.W.
STREET ADDRESS	ARCADIA FL	1.3 STREET ADDRESS	ARCADIA, FL 34266
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPSD KANDEFER, KENNETH F <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	2262 GULF GATE DR	2.2 NAME	
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VDAS HOLEMS, DAVID <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	8922 CANNSTATT DR SE	3.2 NAME	
STREET ADDRESS	HUNTSVILLE AL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD KIEFER, M CAROL <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	2596 MURPHY ST NW	4.2 NAME	
STREET ADDRESS	ARCADIA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: DONALD E. KIEFER (DONALD E. KIEFER) 3/17/98 941/993-0232

CR2E034 (10/97)