**FILED** Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90092 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # H35911**

1. Corporation Name

HE MUDEY CORPORATION

THE MUH	EX CORPORATION							
Principal Place	of Business	Mailing Address						
1095 W. MORSE		1095 W. MORSE BLVD.						
WINTER PARK FL 32789 WINTER PARK FL 32789						DO NOT WRITE IN THIS	SPACE	
US US						3. Date Incorporated or Qualifed		
						12/31/1984		
	T During and	2a. Mailing Address				4. FEI Number	A	pplied For
	ace of Business	26				59-2480813	N	ot Applicable
Suite, Apt. #	# ptc	Suite, Apt. #, etc.		_		5. Certificate of Status Desired	•	Additional
22	, v.a.	27				5. Certificate of Status Desired		equired
City & State	)	City & State				6. Election Campaign Financing	•	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year In	tangible	□No
24	25	1	30			Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Registered Agent		B1	Name	10. Name and Address of New Registered	Agont	
541/	OO TERRY IN		ľ	۱''				
	GS, TERRY W.		Ţ.	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	MORSE BLVD			83	<del></del>			i
VVIIVI	ER PARK FL 32789		l'	03				
			Ī	84	City	FI.	85  Zip	Code
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State or familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statu	tes.		ration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of t	r changing in intment as i	egistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:		\gent	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	OPS IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	DP	☐ DELETE	1.1 TITI				_ `	_
NAME	DANGO, IERRI VI.		1.2 NA		+D00E00			ſ
STREET ADDRESS	1093 TV. MONSE BEVD.				ADDRESS	·		Ì
CITY-ST-ZIP	THE SECOND STATE OF S		1.4 CIT 2.1 TIT		-ZIP		☐ Change	Addition
TITLE	υδ1 <u> </u>		2.2 NA					ĺ
NAME	SCHOETZ, REPARENT II.				ADDDESS			
STREET ADDRESS	1030 11. MONOE DEVD.			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
CITY-ST-ZIP	WHITEH FAIR LE GETOB		3,1 TIT	_	1- <i>G</i> F		☐ Change	a Addition
TITLE		<u>_</u>	3.2 NA					
NAME					ADDRESS			ļ
STREET ADDRESS			3.4. CI					
TITLE		☐ DELETE	4.1 TIT				Chang	e Addition
NAME			4. 2 N/	<b>AME</b>				!
STREET ADDRESS					ADDRESS			
i			4.4 CIT	TY-\$1	r-ZIP			
CITY-ST-ZIP TITLE			5.1 TII				☐ Chang	e Addition
NAME			5.2 NA	МE				
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CF		T-ZiP			
TITLE		☐ DELETE	6.1 TI	ΠĒ		·	Chang	e
NAME			6.2 N					
STREET ADDRESS	:		6.3 ST	REET	ADDRESS			

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 repeiver 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 atjachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

Kenneth Schultz

1/29/99

Date

407-645-3211 Daytime Phone #