

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **H67799** (7)
1. Corporation Name
MUSTANG CORPORATION



Principal Place of Business Mailing Address

% ROBERT R. CALEFFE
255 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33306

% ROBERT R. CALEFFE
255 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA FL 33306-4418

3. Date Incorporated or Qualified **07/18/1985** 3a. Date of Last Report **03/29/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. **3101 N. Federal Hwy, 6th Fl** 26 Suite, Apt. #, etc. **3101 N. Federal Hwy, 6th Fl**

22 City & State **St. Lauderdale, FL** 27 City & State **St. Lauderdale, FL**

23 Zip **33306** Country 28 Zip **33306** Country

4. FEI Number **59-2553380** 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

CALEFFE, ROBERT R.
255 COMMERCIAL BLVD.
LAUDERDALE BY THE SEA, FL FL 33306

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **3101 N. Federal Hwy, 6th Fl**
83
84 **St. Lauderdale** FL 85 Zip Code **33306**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CALEFFE, ROBERT R.	
STREET ADDRESS	255 COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERDALE BY SEA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3101 N. Federal Hwy, 6th Fl
1.4 CITY-ST-ZIP	St. Lauderdale, FL 33306
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Robert R. Caleffe Robert R. Caleffe
Date: 4-18-97 Telephone: 954-564-0702

CR2E034 (9/96)