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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

THE B	ULLEN COMPANY, INC.								
Principal Place of Business 414 SOUTH BEACH ROAD HOBE SOUND FL 33455		Mailing Address			- I HOURDIN OUR ORION DI		ODII OʻRBIR BIRIK		
		414 SOUTH BEACH ROAD HOBE SOUND FL 33455							
					3. Date Incorporated of 01/03/1989	r Qualified	3a. Date	of Last R	
2. Principal P	flace of Business	2a. Mailing Address			4. FEI Number		1 00/		Applied For
1		26		65-0112962				Not Applicable	
Suite, Apt. #, etc. 2 City & State		Suite, Apt. #, etc. 27 City & State					5 Additional		
								Fee Required	
3		28			Trust Fund Contribu	•			O May Be d to Fees
Zip	Country	Zip	Country		8. This corporation has	liability for in	ntangible tax		
4	25	29	30		Florida Statutes	Yes			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Addres	s of New Ro	egistered A	gent	
D1 H 1 F41	APARAT II		81	Name					
	, george H. Beach road		82	Street Addr	ess (P.O. Box Number is No	ot Acceptable	e)		
	OUND FL 33455		83						
HODE 9	OUND FE 33433								
			84	City			FL	85 Zu	Code Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above-n	arned corpor	ation submits this statement	t for the purp		nging its r	egistered office
familiar wi	ith, and accept the obligations of, Se	ction 607.0505, Florida Statute	ized by the corpo is.	ration's boar	rd of directors. I hereby acoa	t for the purp opt the appo	pose of chan pintment as re	nging its r egistered	egistered office agent. I am
familiar wi	th, and accept the obligations of, Se	ction 607.0505, Florida Statute	ized by the corno	ration's boar	rd of directors. I hereby acoa	ept the appo	pose of chan pintment as re	egistered	agent. I am
familiar wi	Signature typod or printed name of registered ago OFFICERS A	ort and tite if applicable	IZED by the corpo	ration's boar	of directors. Thereby acce	ept the appo	DATE CERS AND D	egistered	agent. I am
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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 profile an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF OF SIGNING OFFICER OR DIRECTOR × 3/25/91 407545-0006