

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 # P92000013743 (9)

1. Corporation Name

MULLEN PARTNERS, INC.



Principal Place of Business

1161 N.E. 45TH STREET
OAKLAND PARK FL 33334
US

Mailing Address

4615 W. TRADEWINDS AVENUE
LAUDERDALE BY THE SEA FL 33308
US

2. Principal Place of Business

2a. Mailing Address

21 SAME
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

MULLEN, BEVERLY J
2656 NE 37TH DR.
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified

12/18/1992

3a. Date of Last Report

07/10/1995

4. FCI Number

65-0406169

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

SAME

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

Beverly J. Mullen, President

3-11-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
P	MULLEN, BEVERLY J.	4615 W. TRADEWINDS AVENUE	LAUDERDALE BY THE SEA FL	
ST	MULLEN, JAMES	4615 W. TRADEWINDS AVENUE	LAUDERDALE BY THE SEA FL	

13.

1. TITLE	1. NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
2. TITLE	2. NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
3. TITLE	3. NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
4. TITLE	4. NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	5. NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
6. TITLE	6. NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

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 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:

Beverly J. Mullen, President 3/11/96 7724252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)