

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000011295 (1)**

1. Corporation Name
MUELLER AND COMPANY, P.A.



Principal Place of Business

6453 S ORANGE AVE
STE #1
ORLANDO FL 32809
US

Mailing Address

6453 S ORANGE AVE
STE #1
ORLANDO FL 32809
US

3. Date Incorporated or Qualified
02/08/1993

3a. Date of Last Report
07/25/1995

21. Principal Place of Business
6453 South Orange Avenue

2a. Mailing Address
6453 South Orange Avenue

4. FEI Number
59-3165250

Applied For
Not Applicable

22. Suite #4

27. Suite #4

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Orlando, FL

28. Orlando, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip 32809

25. Country USA

29. Zip 32809

30. Country USA

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

9. Name and Address of Current Registered Agent

BELLEVILLE, WALTER J
815 ORIENTA AVE
SUITE 6
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name **Kenneth J. Mueller**
82 Street Address (P.O. Box Number is Not Acceptable) **6453 South Orange Ave., Suite #4**
83
84 City **Orlando** FL 85 Zip Code **32809**

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 *Kenneth J. Mueller* **Kenneth J. Mueller**

DATE **3/7/96.**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTS	<input type="checkbox"/> DELETE
NAME	MUELLER, KENNETH J	
STREET ADDRESS	6453 S ORANGE AVENUE, SUITE 1	
CITY - ST - ZIP	ORLANDO 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		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth J. Mueller	
1.3 STREET ADDRESS	6453 South Orange Avenue, Suite #4	
1.4 CITY - ST - ZIP	Orlando, FL 32809	
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 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: *Kenneth J. Mueller* **Kenneth J. Mueller** DATE **3/7/96** TELEPHONE # **(407) 850-9000**

CR2E034 (12/95)