

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000018712 (8)

1. Corporation Name

MULLEN MARKETING GROUP INC.



Principal Place of Business

9451 CALLIANDRA DR
BOYNTON BCH FL 33436
US

Mailing Address

9451 CALLIANDRA DR
BOYNTON BCH FL 33436
US

2. Principal Place of Business

2a. Mailing Address

21

Subd., Apt., Rm., Etc.

26

Subd., Apt., Rm., Etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

MULLEN, ED
9451 CALLIANDRA SR
BOYNTON BCH FL 33436

3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0405583

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0022 and 607.1106, 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 607.0026, Florida Statutes.

SIGNATURE

[Signature]

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
PD
MULLEN, ED
STREET ADDRESS
9451 CALLIANDRA DR
CITY-STATE-ZIP
BOYNTON BCH FL

2. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/96

407-737-1944

CR2E034 (12/95)