FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE May 11 1998 8:00am CORPORATION Sandra B. Mortham \*ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P93000053295 DOCUMENT # MULEI SERVICES, INC. Principal Place of Business Mailing Address 10844 RICHMOND PC. 10844 RICHMOND PL. DO NOT WRITE IN THIS SPACE Cooper Coy, FL COOPER CITY, FL 33026 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #. etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible **12** Yes 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent to. Name and Address of New Registered Agent Name MERCER, PAUL G. Street Address (P.O. Box Number is Not Acceptable) 700 S. ROYAL POINCIANA BLUD. SUITE 502 MIAMI SPRINGS, FL. 33166 84 City 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 Signature typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS ☐ Addition Change DELETE 1.1 TITLE TITLE mulled, MICHAEL 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 10844 KICHMOND CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME

64 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 suppliemental 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

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

DELETE

\*\*\*150.00

1000025241**41** -05/14/98--01089--043

x4-25-98 954-436-3630

☐ Addition