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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000054127 (4)

MUDDY WATERS I, INC.



Principal Place of	f Business	Mai	Mailing Address							
2237 W HILLSBORO BLFD DEERFIELD BCH FL 33442			3308 NORTHEAST 29TH AVENUE LIGHTHOUSE POINT FL 33064							
US							3. Date Incorporated or Qualified 07/30/1993	3a, Date	of Last)5/01/	
2. Principal Plac	e of Business	2a.	Mailing Address				4. FEt Number		ļ	Applied For
21			26				65-0427260 Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional e Required
City & State			City & State				6. Election Campaign Financing			00 May Be
23		28	7 .				Trust Fund Contribution			ded to Fees
Zip 24	·		Zip Country				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ No			
24	g Name and Address of	29 Current Regist	ered Agent	1			10. Name and Address of New R	legistered .	Agent	
					81	Name				
LOGUE, E K					82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
3308 NORTHEAST 29TH AVENUE LIGHTHOUSE POINT FL 33064										
					83					
				•	84	City		FL	85	Zip Code
44 Divisiont to	the equiplene of Sections 60	7 0502 and 607	1508 Florida Statut	res, the ahn	ve-r	l named coro	oration submits this statement for the pu		nging it	s registered office
or registered	d agent, or both, in the State	of Florida. Such	change was authoriz	ed by the c	orp	oration's bo	oration submits this statement for the pu- pard of directors. I hereby accept the app	ointment as	register	ed agent. I am
familiar with	i, and accept the obligations of	ot, Section 607.t	505, Fiorida Siatules	S .						
SIGNATURE.	Ignature, typed or printed name of registe	med asign! and title it a	pol-cable: (NO	OTE: Registereo	Ager	it signature requ	ired when reinstating)	DATE		
12.		RS AND DIREC		13.			ADDITIONS/CHANGES TO OFF			
TITLE	PD		DELETE	111	ITLE			[Chang	ge 🔲 Addition
NAME	LOGUE, E K			1.2 N/	AME					
STREET ACIDRESS	3308 NE 29TH AVEN	UE		1.3 \$1	REET	I ADDRESS				
CITY-ST-ZIP	LIGHTHOUSE POINT	FL 33064		1,4 CI	1y - 5	ST-ZIP				
TITLE	S		DELETE	TE 2. 1 TITLS		İ		Į.	Chan	ge 🔲 Addition
NAME	Logue, Nancy J			2.2 N/	AME					
STREET ADDRESS	3308 NE 29TH AVEN			2351	THEFT	1 ADDRESS				
CITY-ST-ZIP	LIGHTHOUSE POINT	FL 33064				ST-ZIP				a
TITLE	V		DELETE	3 11	117E				Chan	ge
NAME	ROSBACH, LEE			3.2 N		-				
STREET ADDRESS	4577 APPALACHIAN					T ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33	428	FT DELETE			S1-ZIP			Chan	ge Addition
TITLE	V	14.1P	DELETE	4.17						go [] Manion
NAME	ROSBACH, MARY A			42 N						
STREET ADDRESS	4577 APPALACHIAN					T ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33	428	DELETE	4.4 C		ST-ZIP			Chan	ge Addition
TITLE			FT percur	5.2 N		1				<u> </u>
NAME						T ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP			DELETÉ	6.13		ST-ZIP			Char	ge 🔲 Addition
TITLE				1	IAME					_ -
NAME.						1 ADDRESS				
STREET ADDRESS						ST-ZIP				
CITY-ST-ZIP	v certify that the information s	uopled with this	filing is voluntarily fur	rnished and	do	es not qualit	fy for the exemption stated in Section 11	9.07(3)(k), Fi	orida St	atutes. I further

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). Fiorida Statutes: 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 charged, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED HAME OF EIGHING OFFICER OR DIRECT

4/29/96

(954) 408-6571

CR2E034 (12/95)