


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000000973 (5)**

1. Corporation Name
MUELLER DISTRIBUTION CONTRACTORS, INC.



Principal Place of Business 7921 NW SOUTH RIVER SUITE 326 MEDLEY FL 33166 US	Mailing Address 7921 NW SOUTH RIVER DR SUITE 326 MEDLEY FL 33166-2515 US
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2. Principal Place of Business 21 312 W. FIRST STREET Suite, Apt. #, etc. 22 SUITE 206 City & State 23 SANFORD, FL Zip 24 32771 25 USA	2a. Mailing Address 26 312 W. FIRST STREET Suite, Apt. #, etc. 27 SUITE 206 City & State 28 SANFORD, FL Zip 29 32771 30 USA	3. Date Incorporated or Qualified 01/05/1994	3a. Date of Last Report 04/29/1996	4. FET Number 65-0525745 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MUELLER, JAMES H 7921 SW SOUTH RIVER DR SUITE 326 PLANTATON FL 33166	10. Name and Address of New Registered Agent 81 Name JOSEPH KRUPINSKI 82 Street Address (P.O. Box Number is Not Acceptable) 8895 WEST SUNRISE BLVD. 83 84 City PLANTATION FL 85 Zip Code 33322
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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 *Joseph Krupinski* **JOSEPH KRUPINSKI** DATE **4-25-97**
(NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MUELLER, JAMES H <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P DENNIS KRAMSKY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7381 SW 6TH COURT	1.2 NAME	1133 LEMON BLUFF ROAD
STREET ADDRESS	PLANTATION FL 33317	1.3 STREET ADDRESS	OSTEEN, FL 32764
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S MUELLER, JEAN M. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/T DAN GOVIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7381 SW 6 CT	2.2 NAME	1821B LANDING DRIVE
STREET ADDRESS	PLANTATION FL	2.3 STREET ADDRESS	SANFORD, FL 32771
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP KRUPINSKI, JOSEPH <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	8895 WEST SUNRISE BLVD	3.2 NAME	
STREET ADDRESS	PLANTATION FL 33322	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *James H Mueller* **JAMES H MUELLER** DATE: **June 12, 1997**

CR2E034 (9/96)