FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063984 (6)**

1. Corporation Name
MULLIGAN PROPERTIES, INC.

Principal Place of Business	Mailing Address
500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE FL 33394	500 E BROWARD BLVD SUITE 1950 FT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: [X] 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. The corporation has liability for intangible tax under S. 199.032, *Florida Statutes* [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

BOYLE, CONRAD J
500 E BROWARD BLVD SUITE 1950
FT LAUDERDALE FL 33394

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 607.0502 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	[ ] Change [X] Addition
NAME	LEBLANC, DENNIS	12 NAME	Aldo Buset (D)
STREET ADDRESS	500 E BROWARD BLVD SUITE 1950	13 STREET ADDRESS	500 E. Broward Blvd. Suite 1950
CITY ST ZIP	FT LAUDERDALE FL 33394	14 CITY ST ZIP	Ft. Lauderdale, FL 33394
TITLE		21 TITLE	[ ] Change [X] Addition
NAME		22 NAME	Robert D. Keenan (D)
STREET ADDRESS		23 STREET ADDRESS	500 E. Broward Blvd. Suite 1950
CITY ST ZIP		24 CITY ST ZIP	Ft. Lauderdale, FL 33394
TITLE		31 TITLE	[ ] Change [X] Addition
NAME		32 NAME	Aldo Buset - P
STREET ADDRESS		33 STREET ADDRESS	500 E. Broward Blvd. Suite 1950
CITY ST ZIP		34 CITY ST ZIP	Ft. Lauderdale, FL 33394
TITLE		41 TITLE	[ ] Change [XX] Addition
NAME		42 NAME	Robert D. Keenan VP
STREET ADDRESS		43 STREET ADDRESS	500 E. Browward Blvd. Suite 1950
CITY ST ZIP		44 CITY ST ZIP	Ft. Lauderdale, FL 33394
TITLE		51 TITLE	[ ] Change [XX] Addition
NAME		52 NAME	Dennis LeBlanc VP
STREET ADDRESS		53 STREET ADDRESS	500 E. Broward Blvd. Suite 1950
CITY ST ZIP		54 CITY ST ZIP	Ft. Lauderdale, FL 33394
TITLE		61 TITLE	[ ] Change [x] Addition
NAME		62 NAME	David Perlin S/T
STREET ADDRESS		63 STREET ADDRESS	500 E. Broward Blvd. Suite 1950
CITY ST ZIP		64 CITY ST ZIP	Ft. Lauderdale, FL 33394

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)(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 13 if changed, added or deleted on an attachment with an address.

SIGNATURE: Dennis LeBlanc Apr. 17 95 (954) 346-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0241B06 CP