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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000063984 (6)

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		
District Discovers			
2. Principal Place of Business	2e. Mailing Address		
21	26		
Cuito Ant N ata	Cuite Ant # oto		

FILED Apr 27 1998 8:00am Secretary of State

MULLI	GAN PROPERTIES, INC.						-
Principal Plac	e of Business	Mailing Address				18110 ALIAN IININ ININ ISILI	41011401
500 E BROWARD BLVD SUITE 1950 500 E BROWARD BLVD FT LAUDERDALE FL 33394 FT LAUDERDALE FL 33394				DO NOT WRITE IN	I THIS SPACE		
					3. Date Incorporated or Qualified 08/30/1994		
2. Principal F	Place of Business	2e. Mailing Address			4. FEI Number	Apr	olied For
21		26			65-6180065	Not	Applicable
Suite, Apl	W. etc	Suite, Apt #, etc.			5. Certificate of Status Desired [\$8.75 A	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 A	vlay Be
23		28	·		Trust Fund Contribution [Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 30		No
· · · · · · · · · · · · · · · · · · ·	9, Name and Address of Curr	ent Registered Agent	81	Non-	10. Name and Address of New Regis	itered Agent	
	DYLE, CONRAD J	APA	161	Name			
	0 e broward blvd suite 1 'Lauderdale Fl 33394	820	82	Street Addr	ress (P.O. Box Number is Not Acceptable))	
• •			83				
			84	City) ₁ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FL 85 Zip C	ode
office or agent I s	registered agont, or both, in the Sta am familiar with, and accept the obl Strutture, typed or printed name of registered in				poration submits this statement for the purplion's board of directors. I hereby accept to the purple of the purple	he appointment as re	agistered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS	IN 12
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition
NAME	BUSET, ALDO		1,2 NAME				
STREET ADDRESS	500 E. BROWARD BLVD. SI	UNE 1950	1.3 STREET	· I			
CITY-ST-ZIP	FT. LAUDERDALE FL	Driver	1.4 CITY-S	T-ZIP			4.4.00
TITLE	KEENAN, ROBERT D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	500 E. BROWARD BLVD. SI	INTE 1050	2.2 NAME				
STREET ADDRESS	FT. LAUDERDALE FL	DITE 1000	2.3 STREET				
CITY-ST-ZIP	P	DELETE	2. 4 CITY - 5 3.1 TITLE	ST-ZIP		Change	Addition
NAME	BUSET, ALDO	Doctor	3.7 HILE 3.2 NAME			C Ollougo	
STREET ADDRESS	500 E. BROWARD BLVD. S	UITE 1950	3.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	FT. LAUDERDALE FL	= : '= 	3.4. CITY-5				
TITLE	VP	DELETE	4.1 TITLE			Change	Addition
NAME	KEENAN, ROBERT D		4. 2 NAME	İ		-	
STREET ADDRESS	500 E. BROWARD BLVD. SI	JITE 1950	4.3 STREET	ADDRESS .			
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY - S	ŀ			
TITLE	VP	DELETE	5.1 TITLE			Change	Addition
NAME	LEBLANC, DENNIS		5.2 NAME				
STREET ADDRESS	500 E BROWARD BLVD. SU	IITE 1950	5.3 STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-S	T-ZIP			
TITLE	8/0	DELETE	6.1 TITLE			Change	Addition Addition
NAME	PERLIN, DAVID	W77 -4874	6.2 NAME	1			
STREET ADDRESS	500 E. BROWARD BLVD. SI	UIIE 1950	6.3 STREET	ADDRESS			
			F				

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 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 to on an article ment with an address.

SIGNATURE:

807 346 9222