**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **P94000064325 (1)**

1. Corporation Name

**MULHERN & COMPANY, INC.**

Address change only

| Principal Place of Business | Mailing Address |
|---|---|
| ~~428 PLAZA REAL~~<br>~~SUITE 225~~<br>~~BOCA RATON FL 33432~~ | ~~428 PLAZA REAL~~<br>~~SUITE 225~~<br>~~BOCA RATON FL 33432~~ |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| **Mulhern & Company**<br>**1693 Sabal Palm Drive**<br>**Boca Raton, Florida 33432-7422** | **Mulhern & Company**<br>**1693 Sabal Palm Drive**<br>**Boca Raton, Florida 33432-7422** |
| 22 | 26 |
| 23 | 28 |
| Zip: 24 | Country: 25 |
| Zip: 29 | Country: 30 |

3. Date Incorporated or Qualified: 08/31/1994
3a. Date of Last Report: 02/09/1995
4. FEI Number: 65-0519170 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Foreign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ~~MULHERN, RICHARD D~~<br>~~428 PLAZA REAL~~<br>~~SUITE 225~~<br>~~BOCA RATON FL 33432~~<br>**Mulhern & Company**<br>**1693 Sabal Palm Drive**<br>**Boca Raton, Florida 33432-7422** | 81 Name: MULHERN, RICHARD D.<br>82 Street Address (P.O. Box Number is Not Acceptable):<br>**Mulhern & Company**<br>**1693 Sabal Palm Drive**<br>**Boca Raton, Florida 33432-7422**<br>84 City-State-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] 6/14/96 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE<br>PSTD<br>MULHERN, RICHARD D<br>~~428 PLAZA REAL, SUITE 225~~<br>~~BOCA RATON FL 33432~~ NEW ADDRESS | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☐ Change ☐ Addition<br>Mulhern & Company<br>1693 Sabal Palm Drive<br>Boca Raton, Florida 33432-7422 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition |

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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), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] Pres. 6/14/96 (407) 368-5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061428 CP