

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 02 1997 8:00am
Secretary of State

DOCUMENT # P94000064325 (1)

1. Corporation Name

MULHERN & COMPANY, INC.



Principal Place of Business

MULHERN AND COMPANY
1693 SABAL PALM DRIVE
BOCA RATON FL 33423
US

Mailing Address

1693 SABAL PALM DRIVE
~~SUITE 225~~
BOCA RATON FL 33432-7422
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1693 SABAL PALM DRIVE

27 Suite, Apt. #, etc.

28 City & State

BOCA RATON, FL.

29 Zip

30 33432-7422

Country

US

g. Name and Address of Current Registered Agent

MULHERN, RICHARD D
1693 SABAL PALM DRIVE
~~SUITE 225~~
BOCA RATON FL 33423

3. Date Incorporated or Qualified

08/31/1994

3a. Date of Last Report

06/18/1996

4. FEI Number

65-0519170

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing

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\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

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Yes

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No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0605 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
MULHERN, RICHARD D
1693 SABAL PALM DRIVE
BOCA RATON FL ~~33423~~ 33432

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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Change

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Addition

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Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0915931

CR2E034 (9/96)