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Jul 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000064325 (1)

1. Corporation Name
MULHERN & COMPANY, INC.

MULHERN & COMPANY
P.O. Box 1006
Boca Raton, Florida 33429-1006

Principal Place of Business	Mailing Address
MULHERN AND COMPANY ~~1693 SABAL PALM DRIVE~~ ~~BOCA RATON FL 33423~~ ~~US~~	~~1693 SABAL PALM DRIVE~~ ~~SUITE 225~~ ~~BOCA RATON FL 33423-422~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1994

2. Principal Place of Business	2a. Mailing Address
21 21 SOUTH FEDERAL HWY	26 P.O. BOX 1006
Suite, Apt. #, etc. 22 POMPANO BEACH, FL.	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BOCA RATON, FL.
Zip / Country 24 / 25 USA	Zip / Country 29 33429-1006 / 30 USA

4. FEI Number: 65-0519170 ☐ 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MULHERN, RICHARD ~~1693 SABAL PALM DRIVE~~ ~~SUITE 225~~ ~~BOCA RATON FL 33423~~	81 Name: RICHARD MULHERN 82 Street Address (P.O. Box Number is Not Acceptable): 35 SPANISH RIVER DRIVE 83 BOCA RATON, FLORIDA 84 City: FL 85 Zip Code: 33435

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] PRESIDENT 7/13/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MULHERN, RICHARD D ~~1693 SABAL PALM DRIVE~~ ~~BOCA RATON FL~~	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	~~RICHARD DEAN MULHERN~~ **P.O. Box 1006** **Boca Raton, Florida 33429-1006**	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	OR 35 SPANISH RIVER DRIVE OCEAN RIDGE, FLORIDA 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	PSTD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	400002594294 1 -07/21/98--01080--013 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

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 changed, or on an attachment with an address.

SIGNATURE: [signature] 7/13/98 561-736-1600