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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P95000091036 (0)

MULLIN ENT., INC.

FILED Mar 04 1998 8:00am Secretary of State



Principal Place	e of Business		Mailing Address				
ROUTE 3. BOX 62B ROUTE 3. BOX 62B							
HAWTHORNE FL 32640			HAWTHORNE FL 32640	HAWTHORNE FL 32640			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							01/01/1996
2. Principal P	lace of Business		2a. Mailing Address				4. FEI Number 1Applied For
21 10408		Hirmsy 3	0 26 10408 SE US	: Hicu	Luz 1	w 30	
Suite Apt.		Triblian!	Suite, Apt. #, etc.) 111GF	144 1	,, <u>J</u>	CO 75 Additional
22	, 0.10		27				5. Certificate of Status Desired Fee Required
City & State	e		City & State			·	
— . ı`	HORNE	FL	28 HAWTHORK	e f	~ _L	•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip]	Country	7/10	Cou	ntry	,	8. This corporation owes or has paid the current year Intangible
24 321	640 25	USA	29 32640	30	1	SA	Personal Property Tax due June 30. Yes No
		Address of Curren		1001		<u> </u>	10. Name and Address of New Registered Agent
AM	JLUN, FRANK				81	Name	
	3 BOX 62 B						
	WITHORNE FL	22124			82	Street Ade	ddress (P.O. Box Number is Not Acceptable)
,	WILLOWIE LT	33137		ł	63		
				Ī	84	City	FL 85 Zip Code
44 Durayant	to the provinces	of Cantions 607 050	2 and 607 1500 Florida Statu	too the ab			
office or r	egistered agent,	or both, in the State	of Florida Such change was	authorized	j by	the corpora	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, a	nd accept the obliga	ations of, Section 607.0505, Fi	lorida State	utes	S.	
SIGNATURE							
12.	Signature, typed or prin	nled name of registered age OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	TE Registered	Age	ent signature req	equired when reinstating) DATE ADDITION (COLLANDER OF CONTROLLED OF CO
TITLE	PSTD	OFFICERS AND	DELETE	1.1 111	1 E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	MULLIN, HE	HEMA C	בין טננונ				C Change C Addition
! !	ROUTE 3, B			1.2 NA			
STREET ADDRESS		VE FL 32640		1		ADDRESS	
CITY-ST-ZIP	VD VD	IC FL 32040	DELETE	1.4 Cil	_	IT-ZIP	☐ Change ☐ Additio
TITLE		ALW AL	C Deterie	2.1 TIT		1	Change Addition
NAME	MULLIN, FR			2.2 NA			
STREET ADDRESS	ROUTE 3, B	9UA 6225 NE FL 32640				ADDRESS	*
CITY-ST-ZIP	NAMINON	AC FL 32040	D beleve	2. 4 Ci		ST-ZIP	1
TITLE			☐ DELETE	3.1 TIT			L Change Addition
NAME				3.2 NA	ME	i	
STREET ADDRESS				3.3 ST	REET	ADDRESS	
CFTY-ST-ZIP			·			ST-ZIP	
TITLE			☐ DELETE	4.1 TIT			☐ Change ☐ Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 ST	REET	ADDRESS	
CFTY-ST-ZIP				4.4 Cfl	Y-\$	T-ZIP	
TITLE			☐ DELETE	5.1 111	LE		☐ Change ☐ Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 ST	REET	ADDRESS	
CITY-ST-ZIP				5.4 Cf1	IY-S	T-ZIP	
TITLE			DELETE	6.1 TiT		"	☐ Change ☐ Addition
NAME				6.2 NA	ME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				6.4 CIT			
	certify that the info	ormation supplied w	ith this filing does not qualify				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 changes, or on an attachment with an appears in