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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000092267 (0)

1. Corporation Name

MUELLER SITE, INC.



Principal Place of Business

7821 NW S RIVER DR  
SUITE 326  
MEDLEY FL 33166

Mailing Address

7821 NW S RIVER DR  
SUITE 326  
MEDLEY FL 33166

2. Principal Place of Business

2a. Mailing Address

21 4444 E. BROADWAY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 TAMPA FL

28

Zip Country

Zip Country

24 33605

25 Hillsborough

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUELLER, JAMES H  
7381 SW 6TH CT  
PLANTATION FL 33317

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P.D.  
NAME TIMOTHY O. SMITH  
STREET ADDRESS 421 RIVER HILLS DR.  
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE S.D.  
NAME JAMES H. MUELLER  
STREET ADDRESS 7381 SW 6 CT.  
CITY-ST-ZIP PLANTATION FL 33317

TITLE T  
NAME JEAN M. MUELLER  
STREET ADDRESS 7381 S.W. 6 CT.  
CITY-ST-ZIP PLANTATION FL 33317

TITLE ASST. SEC'Y  
NAME REGGY HOWARD  
STREET ADDRESS 7051 SW 28th ST  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

SIGNATURE: James H. Mueller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 305-885-4107  
Date Daytime Phone #

CR2E034 (12/95)