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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093994 (8)

anderson / Muller, inc.

FILED May 15 1998 8:00am Secretary of State

ARULI	nson / Wollen, INC.						
Principal Plac	ce of Business	Mailing Address			T ROUNDUI AND TOTAL BANK STRAIL OCH IN DUFA DRAID	(0100 11110 10110 18111 0111 1901	
9025 U.S. H	IGHWAY 1	9025 U.S. HIGHWAY	1				
SEBASTIAN		SEBASTIAN FL 32958		DO NOT WOLFE IN THE	0.004.0F		
					DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE	
					12/08/1995		
2. Principal F	Place of Business	2a. Mailing Address			4, FEI Number	Applied For	
প্র		26			59-3352686	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27	+ +		5. Certificate of Status Desired	Fee Required	
City & State		Cily & Stale	├─ ┐ '		6. Election Campaign Financing	\$5.00 May Be	
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees	
Zip 24	Gountry	Zip	Count	ry	8. This corporation owes or has paid the o		
24	25 25 Name and Address of Curi	[29] rent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	y Yes ∐ No	
					ne		
MULLER, HENRY J 9025 U.S. HIGHWAY 1			Ļ				
	EBA ŠTI AN FL 32958		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
, , , , , , , , , , , , , , , , , , ,	IDIQUALITE OLUGO		8:	3			
			-	4 60			
			8	4 City	F	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 profeso name of registered agent and of the Italysical Agent							
12.		AND DIRECTORS	(NCTE: Heg stered A	gent signature requi		ND DIDECTORS IN 40	
TITLE	h Officans A	DELETE	11 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AI	Change Addition	
NAME	ANDERSON, FRED		1.2 NAME				
STREET ADDRESS	1001 FOSTER ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CiTY - ST - ZIP				
TITLE			2 1 TITLE			Change Addition	
NAME	MULLER, HENRY J		2.2 NAME				
STREET ADDRESS	\$954 RIVER RUN DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	SEBASTIAN FL 32958		2 4 CiTY	- ST - 7!P			
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME			i	
STREET ADDRESS			a.3 STREE	T ADDRESS			
CITY-ST-ZIP	**************************************		3.4. CITY - ST - ZIP				
TITLE	☐ DELETE		4.1 TITLE			☐ Change ☐ Addition	
NAME OTOGET ADDITION			4. 2 NAMI				
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP TITLE	DELETE		4.4 CITY- 5.1 TITLE	ST-ZIP		Change Addition	
NAME	İ		5 2 NAME			Change Addition	
STREET ADDRESS				T ADDRESS		,	
CITY-ST-ZIP							
TITLE	7 LT		5.4 CHY-S1-ZIP ELETE 6.1 TITLE			Change Addition	
NAME		<u></u>	6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
14. Lhereby o	certify that the information supplied	with this filing does not qualif	fy for the exemi	ntion 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 carriattachment with an address.							