

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000024860 (4)
 1. Corporation Name
MCMULLEN FLORIDA, INC.



Principal Place of Business 1515 MICHIGAN AVENUE KISSIMMEE FL 34744	Mailing Address 1515 MICHIGAN AVENUE KISSIMMEE FL 34744-3550
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3. Date Incorporated or Qualified 03/20/1996		3a. Date of Last Report	
2. Principal Place of Business 21 1700 LEE JANZEN DR.	2b. Mailing Address 26 1700 LEE JANZEN DR.	4. FET Number 593382731	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State KISSIMMEE FL	28 City & State KISSIMMEE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 34744	25 Country USA	29 Zip 34744	30 Country USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	MCMULLEN, JOHN J	
STREET ADDRESS	9204 SLOANE STREET	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	D	<input type="checkbox"/>
NAME	LYNCH, DAVID	
STREET ADDRESS	1515 MICHIGAN AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	D-VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Chieffato, Rodger		
1.3 STREET ADDRESS	1700 LEE JANZEN DR.		
1.4 CITY-ST-ZIP	Kissimmee FL 34744		
2.1 TITLE	D-VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	CHARTIER, Julie		
2.3 STREET ADDRESS	1708 Lee JANZEN DR.		
2.4 CITY-ST-ZIP	Kissimmee, FL 34744		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: _____

CR2E034 (9/96)