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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name P96000033630 (0)

MUDDY WATERS II, INC.

11528 WHISPER SOUND DRIVE **BOCA RATON FL 83428** 

Mailing Address

11528 WHISPER SOUND DRIVE **BOCA RATON FL 33428-2404** 

## **FILED** Jun 17 1997 8:00am Secretary of State



•									ļ	3. Date Incorporated or Qualified 04/17/1996	3a. Date of Last Report								
2. Principal Place of Business						2a, Mailing Address							4. FEI Number		—т	An	olied For		
21 71 East Indiantown Road						26 71 East Indiantown Road							65-0666212				Not Applicable		
Sulte, Apt. #, etc.					1-01	Suite, Apt. #, etc.							p (				\$8.75 Additional		
22 City & State						City & State							5. Certificate of Status Desired	Fee Required					
	upiter, FL						28 Jupiter, FL						<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 May Be Added to Fees				
Zip		C	ountry			Zip Coi				ountry			8. This corporation has liability fo	intangible	tax und	iors.	199.032	2	
24 3347	7	25	Palm	Beach	29	29 33477 30 P				m	Beach	n							
	g, Name			of Current	Regis	stere	d Agent					10. Name and Address of New Registered Agent							
4 ROS	E							81	N	lame									
	28 WHISPE						S	Street Address (P.O. Box Number is Not Acceptable)											
	CA RATON						>	ireo) Add	idress (P.O. Box Number is Not Acceptable)										
(4	J/1   #1  D/1						f					<del></del>							
										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															red ed				
SIGNATURE	Signature, typed	or printe	d name of r	eg slered agent	and title	of app	icable. (N	OTE Reg	istered Ag	ent s	gnature requ	лед /	when reinstating)	DATE					
12.			<b>OFFI</b>	CERS AND	DIREC	DIRECTORS 13				13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIREC	TOR	S IN 12	9	
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NAME	AE					1.2 N			1.2 NAME			-	Kenneth Logue					2	
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convergely 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 Blood 13 if changed, or on an attachment with an address.