

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000051455 (9)

1. Corporation Name

W. MUELLER & DIPPON, INC.

Principal Place of Business

5155 NE 26TH AVE
FT LAUDERDALE FL 33308

Mailing Address

5155 NE 26TH AVE
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

65-0678616

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 3355 NE 33rd STREET

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE FL

Zip

24 33308

Country

25 USA

2a. Mailing Address

26 3355 NE 33rd STREET

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE FL

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

LAMBERT, SANDRA
370 W CAMINO GARDENS BLVD
SUITE 117
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

ULRICH DIPPON

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

5300 NE 24TH TERRACE # 119-C

83

84 City

FORT LAUDERDALE

FL

85 Zip Code

33308

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

ULRICH DIPPON

ULRICH DIPPON, PRESIDENT

6/30/98

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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



Change

Addition

5300 NE 24TH Terrace # 119-C
FORT LAUDERDALE FL 33308



Change

Addition



Change

Addition

MUELLER, UDO



Change

Addition



Change

Addition



Change

Addition

300002580383

-07/06/98--01070--027

***158.75

14. I 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

ULRICH DIPPON

PRESIDENT

6/30/98

CR2E034 (5/98)

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W. Mueller & Dippon, Inc.
3355 N.E. 33rd Street
Fort Lauderdale, FL 33308

June 30, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: W. Mueller & Dippon, Inc. (P96000051455) Annual Report

Dear Sir or Madam,

We have received a second notice from your office requesting that we file an annual report. We have no record of having received a first notice. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive your first notice. Thank you for your consideration and cooperation in this matter. Also, please note the address changes and corrected spelling of our vice president's name. Thank you for your assistance.

Very Truly Yours,


Ulrich Dippon, President