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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000089593**1. Corporation Name

TERRANCE J. MULLIN, P.A.

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Principal Plac	e of Business	Mail	iling Address								
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PENTHOUSE II PENTHOUSE II											
CORAL GABLES FL 33134 CORAL GABLES FL 33134			34			DO NOT WRITE IN THIS SPACE					
							3. Date incorpora		•	•	
							10/30/1996)			
2. Principal P	lace of Business	2a. I	Mailing Address				4. FEI Number				opplied For
21		26	4				65-070547	2		N	lot Applicable
Suite, Apt.	#, etc.	- ;	Suite, Apt. #, etc.				5. Certifcate of S	tetus Desisad	П	\$8.75	Additional
22	_*	27					5. Certificate of S	tatus Desired		Fee F	Required
City & Stat	te		City & State				6. Election Camp	aign Financing		\$5.00	May Be
23		28					Trust Fund Co				to Fees
Zip	Country		Zip	Cour	itry		8. This corporation	on owes the cur	rent vear In	tangible	
24	25	29	•	30	•	•	Personal Prop		one jour m	Yes	□No
	9. Name and Address of Cu	11	ered Agent	1001			10. Name and Ad	-	Registered	Agent	
	F 78.16.38				81	Name					
MUL	LIN. TERRANCE J ESQ										
265!	5 LEJEUNE ROAD				82	Street Addre	ess (P.O. Box Numbe	er is Not Accept	able)		
	THOUSE II						181,1401,63 Particular	# 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****	NOTE IN ALASE	28 341 5 5 3 7 7 2 8 5 6 10 12 A 2 11 1 5 5 2
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11. Pursuant	to the provisions of Sections 607	.0502 and 607	7.1508, Florida Stat	utes, the ab	ove-	named corpo	oration submits this st	tatement for the	purpose of	changing it	a registered
office or r	egistered agent, or both, in the S	State of Florida	a. Such change was	authorized	by th	named corpo ne corporation	oration submits this si on's board of directors	tatement for the c. I hereby acce	pt the appoi	intment as r	egistered
office or r agent I a	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the of	State of Florida	a. Such change was	authorized	by th	named corpo ne corporation	oration submits this si on's board of directors	tatement for the	pt the appoi	intment as r	egistered
office or r	egistered agent, or both, in the S m familiar with, and accept the of	State of Florida ibligations of, S	a. Such change was Section 607.0505, F	authorized Iorida Statu	by th tes.	ne corporation	oration submits this sion's board of directors d when reinstating) 79 (12)	. I hereby acce	pt the appoi	intment as r	egistered
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FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90014 014 ***150.00

14. I hereby certify that the information supplied indicated on this annual report or supplem officer or director of the corporation or the Block 12 or Block 13 if changed, do on an an annual report of the corporation of the Block 12 or Block 13 if changed, do on an annual report of the supplied to the corporation of the supplied to the supplied to

CITY-\$T-ZIP ...

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

p does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information abort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tipe employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

EFRANCE J. MUNI-14-99