


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000048509 1. Corporation Name MUELLER INTERNATIONAL TECHNOLOGIES, INC.			
Principal Place of Business 14129 FEATHERSOUND DRIVE CLEARWATER FL 34622		Mailing Address 14129 FEATHERSOUND DRIVE CLEARWATER FL 34622	
2. Principal Place of Business 21. SAME Suite, Apt. #, etc. 22. City & State 23. Zip 24.		2a. Mailing Address 25. SAME Suite, Apt. #, etc. 26. City & State 27. Zip 28.	
9. Name and Address of Current Registered Agent MUELLER, HAROLD 14129 FEATHERSOUND DRIVE CLEARWATER FL 34622		10. Name and Address of New Registered Agent 81. Name SAME 82. Street Address (P.O. Box Number Is Not Acceptable) 83. 84. City FL 85. Zip Code	
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 TITLE D PRESIDENT <input type="checkbox"/> DELETE NAME MUELLER, JUDY A STREET ADDRESS 14129 FEATHERSOUND DRIVE CITY-ST-ZIP CLEARWATER FL 34622 33762		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME HAROLD MUELLER 1.3 STREET ADDRESS 14129 FEATHER SOUND DR 1.4 CITY-ST-ZIP CLEARWATER, FL 33762	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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: <u>JUDY A MUELLER</u> <i>[Signature]</i> Date <u>7/13/99</u> Daytime Phone # <u>727-573-3503</u>			

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90010 014 ***550.00



CR2E034 (5/99)