

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

FILED
Apr 07 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 # P97000081941 (1)

1. Corporation Name

MUELLER ENTERPRISES, INC.

Principal Place of Business

15462 GULF BOULEVARD, #1006
MADEIRA BEACH FL 33708

Mailing Address

15462 GULF BOULEVARD, #1006
MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

2. Principal Place of Business

21 18705 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33157

Country

25 DADE

2a. Mailing Address

26 18705 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLORIDA

Zip

29 33157

Country

30 DADE

4. FEI Number

59-3469168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

MUELLER, CHRISTOPHER P
15462 GULF BOULEVARD, #1006
MADEIRA BEACH FL 33708

CHANGE →

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

MIAMI

FL

85

Zip Code

33177

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 responsibility, Section 607.0505, Florida Statutes.

SIGNATURE



CHRISTOPHER P. MUELLER P

3-29-98

(Signature, typed or printed name of registered agent and the filer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSTD
MUELLER, CHRISTOPHER P
15462 GULF BOULEVARD, #1006
MADEIRA BEACH FL 33708

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
MUELLER, CHRISTOPHER P
15462 GULF BOULEVARD, #1006
MADEIRA BEACH FL 33708

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

14350 SW 156 TERRACE
MIAMI FLORIDA 33177

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

14350 SW 156 TERRACE
MIAMI FLORIDA 33177

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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, 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, 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 in an attachment with a address.

SIGNATURE:



CHRISTOPHER P. MUELLER P

3-29-98

305-251-4897

CR2E034 (10/97)