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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800000385

MULE, INC.

Principal Place of Business

Mailing Address

806 FRANCES DRIVE HAVANA FL 32333

POST OFFICE BOX 767 HAVANA FL 32333

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90115 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Pilace of Business 11 / 20 FRANCES DELVE 22   Suite, Apt. #, etc.   Status						3. Date Incorporated or Qualifed				
Suite   Apt   #, etc.   Suite   Apt   Ap						01/02/1998				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Situate   Status Desired   Status Desired   See Required   See Required   Status Desired   See Required   See R						1		A <sub>I</sub>	oplied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27	1 /20 7	FRANCES PLINE	26	_		59-3483895	N <sub>1</sub>	Not Applicable		
City & State   23	Suite, Apt. #, etc. Suite, Apt. #, et					E Codificate of Status Desired				
Added to Fees  Zip Country Zip Country Zip Country 8. Trust Fund Contribution Added to Fees  Zip Country 32333						6. Election Campaign Financing		\$5.00	May Be	
24 3233\$ 25 UJA 29 30 Personal Property Tax.   Yes   No 9. Name and Address of Current Registered Agent  COLLINS, FRED H 806 FRANCES DRIVE HAVANA FL 32333  82 Street Address (P.O. Box Number is Not Acceptable)  83   Name 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 agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors.   hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors.   hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors.   hereby accept the appointment as registered agent, am familiar with, and acceptable)  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 agent, am familiar with, and acceptable)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  13. NAME  14. NAME  15. NAME  15. NAME  16. NOTE: Reputation required when remaining)  16. Delete 1.1 TITLE  17. NAME  18. NAME  18. NAME  18. NAME  19. NAME  19. NAME  19. NAME  19. NAME  10. NAME	3 HAVAN	n, FL 28			Trust Fund Contribution Added to Fe					
9. Name and Address of Current Registered Agent  COLLINS, FRED H 806 FRANCES DRIVE HAVANA FL 32333  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 register 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, Speed or printed rained and imperied agent and titler appointment and titler appointment as registered Agent agrature meterod when revesting:  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE PVST OFFICE BOX 767 12. STREET ADDRESS CITY-ST-ZIP HAVANA FL 32333 14. CITY-ST-ZIP HAVANA, FL 32333 14. CITY-ST-ZIP HAVANA, FL 32333 15. CITY-ST-ZIP HAVANA, FL 32333 16. Change MAD STREET ADDRESS CITY-ST-ZIP DELETE 17. TITLE 10. DELETE 17. TITLE 17. T				¬ *						
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COLLINS, FRED H 806 FRANCES DRIVE HAVANA FI. 32333  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-amend corporation submits this statement for the purpose of changing its register office or registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signifure, hyped or printed name of ingostered agent and tibe if applicable  PVST NAME  BATES, BEN  TITLE  DOFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  14. CITY-ST-ZIP  HAVANA FI. 32333  TITLE  DO DELETE  13. TITLE  DATE  14. CITY-ST-ZIP  HAVANA FI. 32333  DELETE  21. TITLE  DO DELETE  21. TITLE  DO DELETE  21. TITLE  DO DELETE  21. TITLE  DO DELETE  22. NAME  STREET ADDRESS  POST OFFICE BOX 767  13. STREET ADDRESS  POST OFFICE BOX 767  23. STREET ADDRESS  POST OFFICE BOX 767  24. ADTY-ST-ZIP  HAVANA FI. 32333  DELETE  33. STREET ADDRESS  ACTY-ST-ZIP  AVANA FI. 32333  DELETE  34. CITY-ST-ZIP  AVANA FI. 32333  DELETE  35. TITLE  DOLLETE  36. CITY-ST-ZIP  AVANA FI. 32333  DELETE  37. TITLE  DELETE  38. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN										
806 FRANCES DRIVE HAVANA FL 32333  81	COLUMN FORD H				Name					
## 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 register 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hyped or printed reams of registered agent and titler applicable   (NOTE. Registered Agent signature regulated when reinstating)   DATE					82 Street Address (P.O. Box Number is Not Acceptable)					
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statute required when reinstating)    Signature   Signature required period to printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE				84	City		FL	85 Zip	Code	
Signature. Typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstailing)   DATE	office or re	edistered agent, or both, in the State of	of Florida. Such change was author	nzed by	the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of	changing its	registered egistered	
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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 officer or director of the corporation or the receiver Block 12 or Block 13 if charged, or on an attacking

SIGNATUR