

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S64036** (4)

1. Corporation Name

MRM TECHNICAL GROUP, INC.



Principal Place of Business

P O BOX 126
CLEARWATER FL 34617
US

Mailing Address

P O BOX 126
CLEARWATER FL 34617
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/28/1991

3a. Date of Last Report
02/01/1995

4. FEI Number

65-0273797

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**MUELLER, ROBERT J.
2900 GULF BLVD.
S207
BELLEAIR BEACH FL 34635**

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(If Not a Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENKELS, THOMAS J.	
STREET ADDRESS	2900 S. 166TH STREET	
CITY- ST- ZIP	NEW BERLIN, WI 53151	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MUELLER, J.D. J A.	
STREET ADDRESS	2900 SOUTH 166 TH STREET	
CITY- ST- ZIP	NEW BERLIN WI	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NELSON, DELAINE	
STREET ADDRESS	2900 S. 166TH STREET	
CITY- ST- ZIP	NEW BERLIN, WI 53151	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLEVELAND, ROBERT	
STREET ADDRESS	2900 S. 166TH STREET	
CITY- ST- ZIP	CLEARWATER, FL 34630	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUELLER, HAROLD J.	
STREET ADDRESS	1270 GULF BLVD.	
CITY- ST- ZIP	CLEARWATER, FL 34630	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOMMER, WES	
STREET ADDRESS	2900 S. 166TH STREET	
CITY- ST- ZIP	CLEARWATER, FL 34630	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

J. MUELLER

1/31/96

(414) 782-6320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)