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FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 34617-0126
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. BOX 51650

Suite, Apt. #, etc.

27 City & State

28 NEW BERLIN, WI

Zip

29 53151

Country

30 US

3. Date Incorporated or Qualified

06/28/1991

3a. Date of Last Report

03/04/1996

4. FEI Number

65-0273797

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	MUELLER, HAROLD J.	
STREET ADDRESS	1270 GULF BLVD.	
CITY-ST-ZIP	CLEARWATER, FL 34630	
TITLE	D	<input checked="" 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

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOON, CARL	
1.3 STREET ADDRESS	2900 SOUTH 166TH STREET	
1.4 CITY-ST-ZIP	NEW BERLIN, WI 53151	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MUELLER, JEROLD A.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MUELLER, DENNIS J.	
4.3 STREET ADDRESS	2900 SOUTH 166TH STREET	
4.4 CITY-ST-ZIP	NEW BERLIN, WI 53151	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BENDER, JAMES R.	
5.3 STREET ADDRESS	2900 SOUTH 166TH STREET	
5.4 CITY-ST-ZIP	NEW BERLIN, WI 53151	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ERNST, CHRISTINE	
6.3 STREET ADDRESS	2900 SOUTH 166TH STREET	
6.4 CITY-ST-ZIP	NEW BERLIN, WI 53151	

14. I do 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:

JEROLD A. MUELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

414-782-6320

Daytime Phone #

CR2E034 (9/96)