

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V25681** (0)
1. Corporation Name
MCMULLEN ENTERPRISES INC.

APPROVED AND FILED
05 MAY - 1 11 5: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **19205 SABAL LAKE DRIVE BOCA RATON FL 33434**
Mailing Address: **6503 N MILITARY TRAIL 109 BOCA RATON FL 33496 US**

2. Principal Place of Business: **6503 N MILITARY TRAIL**
2a. Mailing Address: **6503 N MILITARY TRAIL**
21. Suite, Apt. #, etc: **#108**
26. Suite, Apt. #, etc: **#108**
22. City & State: **DELA RAY BEACH FLORIDA**
27. City & State: **DELA RAY BEACH FLORIDA**
24. County: **33496**
25. Country: **USA**
29. County: **33496**
30. Country: **USA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/30/1992**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0356054**
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 § 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **MCMULLEN, DANNY P. 6503 N MILITARY TRAIL 109 DELRAY BEACH FL 33496**

10. Name and Address of New Registered Agent:

B1 Name: _____
B2 Street Address (P.O. Box Number is NOT Acceptable): **6503 N MILITARY TRAIL #108**
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0402 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 607.0402 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (in 1)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, DANNY P.	1. NAME	
STREET ADDRESS	6503 N MILITARY TRAIL, 109	1. STREET ADDRESS	6503 N MILITARY TRAIL # 108
CITY, ST, ZIP	BOCA RATON FL	1. CITY, ST, ZIP	
TITLE	S	2. NAME	
NAME	MCMULLEN, CYNTHIA S.	2. NAME	
STREET ADDRESS	6503 N MILITARY TRAIL, 109	2. STREET ADDRESS	6503 N MILITARY TRAIL # 108
CITY, ST, ZIP	BOCA RATON FL	2. CITY, ST, ZIP	
TITLE		3. NAME	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. NAME	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. NAME	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. NAME	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, and equally for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information is also 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. I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 187, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Danny P. McMullen* **Danny P. McMullen** 4/28/95 407 998 2361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR