

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 # **V25681 (0)**

1. Corporation Name
MCMULLEN ENTERPRISES INC.



Principal Place of Business: **6503 N. MILITARY TRAIL 108 BOCA RATON FL 33496 US**
Mailing Address: **6503 N. MILITARY TRAIL 108 BOCA RATON FL 33496 US**

3. Date Incorporated or Qualified: **03/30/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **1920 S. CONFERENCE DR**
Suite, Apt. #, etc.
22
City & State: **BOCA RATON FL**
Zip: **33486** Country: **USA**
23
24
25
26 **1920 S. CONFERENCE DR**
Suite, Apt. #, etc.
27
City & State: **BOCA RATON FL**
Zip: **33486** Country: **USA**
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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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

MCMULLEN, DANNY P.
6503 N. MILITARY TRAIL #108
109
DELRAY BEACH FL 33496

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1920 S. CONFERENCE DR**
83 **FL**
84 City: **BOCA RATON** State: **FL** Zip: **33486**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P <input type="checkbox"/> DELETE	NAME: MCMULLEN, DANNY P.	1.1 TITLE: PRES. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6503 N. MILITARY TRAIL #108	CITY-ST-ZIP: BOCA RATON FL	1.2 NAME: MCMULLEN DANNY P
TITLE: S <input type="checkbox"/> DELETE	NAME: MCMULLEN, CYNTHIA S.	1.3 STREET ADDRESS: 1920 S. CONFERENCE DR
STREET ADDRESS: 6503 N. MILITARY TRAIL #108	CITY-ST-ZIP: BOCA RATON FL	1.4 CITY-ST-ZIP: BOCA RATON FL 33486
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	2.1 TITLE: SEC. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	2.2 NAME: MCMULLEN CYNTHIA S
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS: 1920 S CONFERENCE DR
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP: BOCA RATON FL 33486
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STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE
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STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <input type="checkbox"/> DELETE
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE

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, if changed, or on an attachment with an address.

SIGNATURE: **Danny P. McMullen** **Danny P. McMullen** **4/29/96** **4073954260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)