

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

05-10-1999 90295 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V33980 (6)**

1. Corporation Name  
 MULLER CITRUS, INC.

Principal Place of Business  
 400 N. New York Ave.  
 Suite 200  
 Winter Park, FL 32789  
 US

Mailing Address  
 1215 Louisiana Ave.  
 WINTER PARK FL 32789  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1992
4. FEI Number 59-3119538
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1215 Louisiana Ave. 27 Suite, Apt. #, etc. 28 Winter Park, FL 29 Zip 32789 30 Country Orange
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9. Name and Address of Current Registered Agent  
 Chambers, Burgess  
 400 North New York Ave.  
 Winter Park, FL 32789

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MULLER, DELLE D		1.2 NAME				
STREET ADDRESS	2131 VIA TUSCANY		1.3 STREET ADDRESS	1451 Temple Drive			
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	Winter Park, FL 32789			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MULLER, WALTER J. III MD		2.2 NAME				
STREET ADDRESS	2131 VIA TUSCANY		2.3 STREET ADDRESS	1451 Temple Drive			
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Winter Park, FL 32789			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter J Muller III* Walter J muller III MD 4-22-99 (407)644-2121

CR2E034 (11/98)