

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:46

DOCUMENT # **L11079** (5)

1. Corporation Name
MUNCH, MUNCH AND MOON, P.A.

Principal Place of Business	Mailing Address
% JACOB J MUNCH 701 N FRANKLIN ST., SUITE 300 TAMPA FL 33602	% JACOB J MUNCH 701 N FRANKLIN ST., SUITE 300 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 324 South Hyde Park Ave.	26 324 South Hyde Park Ave.
22 Suite, Apt. #, etc. 360	27 Suite, Apt. #, etc. 360
23 City & State Tampa FL	28 City & State Tampa FL
24 Zip 33606 Country USA	29 Zip 33606 Country USA

3. Date of Incorporation or Qualification	3a. Date of Last Report
08/21/1989	03/24/1994
4. FEI Number	Applied For
59-2962421	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MUNCH, JACOB J.
701 N FRANKLIN ST., SUITE 300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	324 South Hyde Park Ave.
83 Suite	Suite 360
84 City	Tampa
85 Zip Code	FL 33606

11. Pursuant to the provisions of Sections 807.0502 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.

SIGNATURE: Jacob Munch JACOB MUNCH 2/18/95
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUNCH, JACOB J
STREET ADDRESS	631 RIVIERA DR
CITY- ST- ZIP	TAMPA FL
TITLE	SD
NAME	MUNCH, KIM W.
STREET ADDRESS	631 RIVIERA DR
CITY- ST- ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 110.02(3)(b), 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 applicable, or on an attachment with a reference.

SIGNATURE: Jacob Munch 2/18/95 254-1557
Signature typed or printed name of director or officer