

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L11079** (5)

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



Principal Place of Business

**324 SOUTH HYDE PARK AVE  
SUITE 360  
TAMPA FL 33606  
US**

Mailing Address

**324 SOUTH HYDE PARK AVE  
SUITE 360  
TAMPA FL 33606  
US**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

26. State, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. Zip Country

9. Name and Address of Current Registered Agent

**MUNCH, JACOB J.  
324 SOUTH HYDE PARK AVE  
SUITE 360  
TAMPA FL 33606**

3. Date Incorporated or Qualified  
**08/21/1989**

3a. Date of Last Report  
**02/13/1995**

4. FEI Number  
**59-2962421**

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. 193.032  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0592 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of both in the State of Florida. Such changes are 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, Chapter 607, Florida Statutes.

SIGNATURE: *Jacob J. Munch* **JACOB J. MUNCH, PRES.** **3/26/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUNCH, JACOB J	
STREET ADDRESS	631 RIVIERA DR	
CITY- ST- ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUNCH, KIM W.	
STREET ADDRESS	631 RIVIERA DR	
CITY- ST- ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or special 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 person or persons responsible to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the agent or an officer of the corporation.

SIGNATURE: *Jacob J. Munch* **JACOB J. MUNCH, PRES.** **3/26/96** **813 2541557**

CR2E034 (12/95)