


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90019 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000045713

1. Corporation Name
MUNCHKIN ENTERPRISES, INC.



Principal Place of Business 5091 5TH AVE., N.W. NAPLES FL 33999	Mailing Address 5091 5TH AVE., N.W. NAPLES FL 33999
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/21/1997	
4. FEI Number 65-0757858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5091 HICKORY WOOD DR	2a. Mailing Address 26 5091 HICKORY WOOD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 NAPLES FL	City & State 28 NAPLES FL
Zip 24 34119	Country 25
29 FL	30 34119

9. Name and Address of Current Registered Agent DOZIER, DIANA 5091 5TH AVE., N.W. NAPLES FL 33999	10. Name and Address of New Registered Agent 81 Name DOZIER DIANA 82 Street Address (P.O. Box Number is Not Acceptable) 5091 HICKORY WOOD DR 83 84 City NAPLES 85 Zip Code FL 34119
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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: *Diana Dozier* DATE: **9/9/99**
Signature, typed or printed name of registered agent applicable if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOZIER, DIANA		1.2 NAME	
STREET ADDRESS 5091 5TH AVE., N.W.		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 33999		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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.

SIGNATURE: *Diana Dozier* DATE: **9/9/99** 911-592-6191
Signature, typed or printed name of signing officer or director Daytime Phone #

CR2E034 (5/99)

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~~617982-90001-26~~
617982-90019-26

SEPTEMBER 13, 1999

Department of State
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs;

In recent phone conversations with your department I was told to send in this letter to explain that I did not receive a First Notice. We have had some mailbox vandalism in the past year, but I do not know if that is in fact what happened to the notice. I have been advised that I can receive a waiver for the additional fee on a one-time basis.

It would be greatly appreciated if you could in fact, honor this request for this year.

Sincerely,



Diana Dozier
President