

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 # **G42795** (6)

1. Corporation Name
MUNAO MANAGEMENT CO., INC.



Principal Place of Business: % WILLIAM T. INGRAM, SR.
11120 SE FEDERAL HWY.
HOBE SOUND FL 33455

Mailing Address: % WILLIAM T. INGRAM, SR.
11120 SE FEDERAL HWY.
HOBE SOUND FL 33455

3. Date Incorporated or Qualified: **06/09/1983**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-2788557**

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

2. Principal Place of Business: 21 **8601 S. Federal Hwy**

2a. Mailing Address: 26 **8601 S. Federal Hwy**

22. City & State: 23 **Port St Lucie, FL 34952**

27. City & State: 28 **Port St Lucie, FL 34952**

24. Zip: 25 **34952-3304** Country: 25 **St. Lucie**

29. Zip: 30 **34952-3304** Country: 30 **St Lucie**

9. Name and Address of Current Registered Agent

**INGRAM, WILLIAM T. SR.
11120 SE FEDERAL HWY.
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and filer (if applicable) (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MUNAO, NATALE I XXXXXXXXXXXX
STREET ADDRESS	8601 S FEDERAL HWY XXXXXXXXXX
CITY - ST - ZIP	PORT ST LUCIE FL XXXXXXXXXXXX
TITLE	PST <input type="checkbox"/> DELETE
NAME	MUNAO, NATALE I
STREET ADDRESS	2400 LAKE RIDGE DRIVE
CITY - ST - ZIP	PALM CITY 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Natale Munao III* President **4-3-96** **407 879-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)