

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

2. Principal Place of Business

21 8601 S. Federal Hwy

Suite, Apt. #, etc.

22

City & State

23 Port St Lucie, FL 34952

24 Zip 34952-3304

25 Country St. Lucie

2a. Mailing Address

26 8601 S. Federal Hwy

Suite, Apt. #, etc.

27

City & State

28 Port St Lucie, FL 34952

29 Zip 34952-3304

30 Country St Lucie

3. Date Incorporated or Qualified

06/09/1983

3a. Date of Last Report

04/21/1995

4. FBT Number

59-2788557

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. 199.032, Florida Statutes ☒ Yes ☐ No

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

Signature, typed or printed name of registered agent and filer (if applicable)

Signature, typed or printed name of registered agent and filer (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MUNAO, NATALE I  
STREET ADDRESS 2400 LAKE RIDGE DRIVE  
CITY-ST-ZIP PALM CITY FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-3-96

Date

407 879-4300

Daytime Phone #

CR2E034 (12/95)