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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

G42795

(6)

MUNAO MANAGEMENT CO., INC.						
Principal Place of Business Mailing Address William T, INGRAM, SR. WILLIAM T, INGRAM, SR. 11120 SE FEDERAL HWY. HORE SOUND FL 33455 Mailing Address WILLIAM T, INGRAM, SR. 11120 SE FEDERAL HWY. HORE SOUND FL 33455						
HOBE SOUND FL 33455		HODE SOUND PE 39433		3. Date Incorporated or Qualified 06/09/1983	3a. Date of Last 04/21/19	995
2. Principal Pla 21 8601 S. Suite, Apt. #	. Federal Hwy	26 8601 S. Fede Suite, Apt. #, etc	ral_Hwy	4. FEI Number 59-2788557	\$8.7	Applied For Not Applicable 75 Additional
Çity & State		27 City & State	- 51 24050	Certificate of Status Desired Election Campaign Financing	□ Fe	e Required 00 May Be
23 Port St 24 34952-	t Lucie, F1 34952 Country -3304 ₂₅ St. Lucie	28 Port St Luci 210 29 34952-3304	e, FL 34952 Country 30 St Lucie	Trust Fund Contribution 8. This corporation has liability for Florida Statutes XX Yes	Auc	ded to Fees s 199.032,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	Registered Agent	
			81 Name			
INGRAM, WILLIAM T. SR. 11120 SE FEDERAL HWY. HOBE SOUND FL 33455			82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
			84 City		FL -	Zip Code
or registere familiär wit	o the previsions of Sections 607.0502 and agent, or both, in the State of Florid th, and accept the obligations of, Section	 Such change was authorized 	, the above named corpo i by the corporation's boa	ration submits this statement for the purify of directors. Thereby accept the app	rpose or changing no pointment as register	red agent. I am
SIGNATIERE						
SIGNATURE _	Signature, itypina or printed marine of registered against a		Figisle od Ajent signative re pro-		DATE	TORS IN 12
12.	Signatura, typica corporated name of registeric agist a OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
12. T:TLE	OFFICERS AND	DIRECTORS XXELETE	13.			
12. TILE NAME	OFFICERS AND P ###################################	ODIRECTORS (13. 1 1 TILLE 1.2 NAME		ICERS AND DIREC	
12. THE NAME STREE: ADDRESS	OFFICERS AND P *********************************	DORECTORS	13. 1 1 TOLE 1 2 NAME 1.3 STREET ADDRESS		ICERS AND DIREC	
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recombining cereing that the information supplied where his lining is voluntarily turnished and does not quality for the exemption state in the same legal effect as if made under certify that the information indicated on this annual report or suppliemental 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: Note Mund H. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

407 879-4300