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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

I	1996	No. of the last of		etary of State F CORPORATIONS		
1. Corporatio	n Name	J21624	(8)			
MUNI	CIPAL ATTACHM	ENTS, INC.				
Denoinal Disc	(Po -)					
Principal Place	•	M	Mailing Address		i induited half tidds tidle bille fil	ri ondi andii olok albik bidii 91011 01911 (60)
103 HIGHLINE DR LONGWOOD FL 32750 US			P.O. BOX 520939 LONGWOOD FL 32752-7899			
6 Dringing D					3. Date incorporated or Qualified 06/30/1986	3a. Date of Last Report 05/01/1995
21	lace of Business	2a 26	i. Mailing Address BOX	521000	4, FEI Number 59-2825762	Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9		City & State	al FI	6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Count	try 28	Congwood	Country	Trust Fund Contribution	Added to Fees
24	25	29	32752-100	030 Seminole	This corporation has liability for Florida Statutes Yes	intangible tax under s. 199.032, □ No
	9. Name and Addr	ress of Current Regis	stered Agent	81 Name	10. Name and Address of New F	legistered Agent
PEMBE	RTON, W. BRUCE			1		
103 HIG	SHLINE DRIVE			82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)
LONGW	OOD FL 32750			83		
				<u> </u>		
				84 City		 85 Zip Code
11. Pursuant to	o the provisions of Sected agent, or both, in the	tions 607.0502 and 60 a State of Florida, Such	7.1508, Florida Statute	es, the above-named corpor	ration submits this statement for the pur	FL
familiar wit	o the provisions of Sec ed agent, or both, in the h, and accept the oblig	tions 607.0502 and 60 e State of Florida. Such ations of, Section 607.	17.1508, Florida Statute 1 change was authorize 0505, Florida Statutes	es, the above-named corpor	ration submits this statement for the pur rd of directors. I hereby accept the appo	FL
signature	h, and accept the oblig	pations of, Section 607,	.0505, Florida Statutes	es, the above-named corpor	о от опостота. Тнегару ассерт тне аррг	FL
SIGNATURE	h, and accept the oblig Signature typed or printed name	ations of, Section 607,	.0505, Florida Statutes applicable (NO	es, the above-named corpor ed by the corporation's boar ITE Registered Agent signature required	о от опостота. Тнегару ассерт тне аррг	pose of changing its registered office bintment as registered agent. I am
samiliar wit SIGNATURE 12.	h, and accept the oblig Signature typed or printed name (DP	nations of, Section 607, and the of egistered agent and the of eOFFICERS AND DIREC	.0505, Florida Statutes	es, the above-named corpor ed by the corporation's boar hit. Registered Agent signature required. 13. 1.1 TITLE	d when reinstating	pose of changing its registered office bintment as registered agent. I am
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 407/831-6688