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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J36239

(8)

M. PETE MCNABB, INC.

PETE MUNADD, INC.

FILED Apr 16 1997 8:00am Secretary of State



Principal Pla	ice of Business	Mailing Addres	SS				Mamal Millis Mad	in mimir Albei	41411 4881
2201 CANTU COURT. SUITE 110 SARASOTA FL 34232		2201 CANTU COURT. SUITE 110 SARASOTA FL 34232-8254							
						3. Date Incorporated or Qualified 09/29/1986		e of Last F 5/1996	Report
2. Principal	Place of Business	2a. Mailing Add	dress		··· ,	4. FEI Number	-1		pplied For
1		26				59-2735509			ot Applicabl
Suite, Ap	et # etc.	Suite, Apt. 1	#, etc.			5. Certificate of Status Desired	XX		Additional equired
City & St.	ale	City & State	9			6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	1	8. This corporation has liability for i	ntangible t	ax under s	s. 199.032,
1	25	29	30	0			Yes [
	9. Name and Address of Curr	rent Registered Agent	<u> </u>			10. Name and Address of New Re	gistered A	gent	
	CNABB, M. PETE			81	Name				
	01 CANTU COURT, SUITE 110			82 Street Addr		dress (P.O. Box Number is Not Acceptab	le)		
SA	rasota FL 34232			83					
				B4	City		FL	85 Zip	Code
IGNATURE	ī								
	Signature, typed or pented harne of registered	agent and tirc if applicable	INOTE: F	Registered Age	ant signature req	uired when reinstating)	DATE	"	
2	Signature, typed or printed harne of registered	agent and tirc if applicable AND DIRECTORS	INOTE: F	Registered Age	ant signature req	uired when reineleting) ADDITIONS/CHANGES TO OFFIC		DIRECTO	
	Signature, typed or pented harne of registered OFFICERS A	AND DIRECTORS	INOTE: F				ERS AND	DIRECTO	
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If do nevery certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(5)(i). Profide Statutes, I further certify that the information indicated on this an Adj report of the propriemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an officer or director of the corporation of the repeiver 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 managers, and attachment with an address.

SIGNATURE:

NATURE AND VPP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #