SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000011301 (6)**

1. Corporation Name
MUGS MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
2275 S. FEDERAL HWY., SUITE 110 DELRAY BEACH FL 33447	2275 S. FEDERAL HWY., SUITE 110 DELRAY BEACH FL 33447

3. Date Incorporated or Qualified: 02/07/1994
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business	2a. Mailing Address
21 6316 Lantana Rd.	26 6316 Lantana Rd.
Suite, Apt. #, etc. 22 #45	Suite, Apt. #, etc. 27 #45
City & State 23 Lake Worth, Fl	City & State 28 Lake Worth, Fl
Zip 24 33463 Country 25 USA	Zip 29 33463 Country 30 USA

4. FEI Number: 65-0463684 ☐ 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

MENKHAUS, DAVID J
4800 N FEDERAL HWY
SUITE 210-A
BOCA RATON FL 33431

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 of new registered agent required (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	HAGE, JAMES		12 NAME	Hager, James	Correction of spelling
STREET ADDRESS	134 SE 27 CT		13 STREET ADDRESS	361 S Diane Dr.	
CITY-ST-ZIP	BOYNT. BCH FL		14 CITY-ST-ZIP	Boynton Bch Fl	
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	PUSATERI, DANA		22 NAME		
STREET ADDRESS	10323 EL'CABALLO CT		23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		24 CITY-ST-ZIP		
TITLE	DTVP	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	COCUI, JUAN		32 NAME	Cocuy, Juan	Correction of spelling
STREET ADDRESS	6965 PIONEER RD		33 STREET ADDRESS		
CITY-ST-ZIP	W P B FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juan C. Cocuy Juan C. Cocuy 6/12/96 (407) 968-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004417 CR