

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 # **P95000033479 (3)**

1. Corporation Name
MUNGO FILMS INC.



Principal Place of Business

**2308 FOWLER STREET
FT. MYERS FL 33901**

Mailing Address

**2308 FOWLER STREET
FT. MYERS FL 33901**

3. Date Incorporated or Qualified
04/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

65-0591548

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERGMAN, GABRIELA A
2308 FOWLER STREET
FT. MYERS FL 33901**

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D BERGMAN, GABRIELA A**
STREET ADDRESS **2308 FOWLER STREET**
CITY-ST-ZIP **FT. MYERS FL 33901**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

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TITLE ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE: *Gabriela A. Bergman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIELA A. BERGMAN

332-7080

Date

Daytime Phone #

CR2E034 (12/95)