FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000033479 (3) DOCUMENT #

Country

BERGMAN, GABRIELA A 2308 FOWLER STREET

g. Name and Address of Current Registered Agent

MUNGO FILMS INC.

Suite, Apt. #, etc.

City & State

SIGNATURE:

22

23

24

Zip

Principal Place of Business	Mailing Address		
2308 FOWLER STREET FT. MYERS FL 33901	2308 FOWLER STREET FT. MYERS FL 33901		
2. Principal Place of Business	2a. Mailing Address		

27

Suite, Apt. #, etc.

City & State

Zip

FILED Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

X Yes

3. Date Incorporated or Qualified

04/24/1995 4. FE! Number

65-0591548

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

1/14/98

(941) 332-7080

Trust Fund Contribution

82 Street Address (P.O. Box Number is Not Acceptable)

FT.	MYERS FL 33901	1						
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 			City	ity 85 Zip Code	\dashv			
			City	FL 65 Zip Coole				
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 reinstating) DATE								
12.	OFFICERS AND DIRECTORS 13	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	75			
TITLE	D DELETE 1.1	TITLE		Change Addition	₁ Ş			
NAME :	BERGMAN, GABRIELA A 1.2	VAME			1			
STREET ADDRESS	2308 FOWLER STREET 1.3.	THEET	ADDRE	RESS	١			
CITY-ST-ZIP	ET MUSEO EL GOGOL		T-ZIP	,	5			
TITLE		TITLE	☐ Change		٦ (
NAME	2.2	MAME						
STREET ADDRESS	2.3	2.3 STREET ADDRESS		RESS				
CITY - ST - ZIP	2,4	CITY-S	T-ZIP	P	-FF- 1			
TITLE				Change Addition	ī]			
NAME	3.2	MAME						
STREET ADDRESS	STREET ADDRESS 3.3 S		ADORE	RESS	-			
CITY-ST-ZIP	TY-ST-ZIP (34.C		T-ZIP	P				
TITLE	DELETE 4.1	4.1 TITLE		☐ Change ☐ Addition	;			
NAME	ЛЕ 1 4.2		4, 2 NAME					
STREET ADDRESS	4.3	TREET	ADDRE	RESS -				
CITY-ST-ZIP	4.40	CITY-SI	T-ZIP	,				
TITLE	DELETE 5.17	TLE		Change Addition				
NAME	521	IAME						
STREET ADDRESS	5.3	TREET	ADDRE:	RESS E	. Ì.			
CITY-SY-ZIP	541	ary-sa	-ZIP		Ĩ			
TITLE	DELETE, 6.1	TILE,		Change Addition	<u> </u>			
NAME	6.23	6.2 NAME			ļ			
STREET ADDRESS	633	TREET	ADDRE:	RESS				
CITY-ST-ZIP 6.4 CITY		my-st	r-zip	, <u> </u>				
14. I hereby certify that the information supplied with this filing does not quality 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.								

Country

81 Name