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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000049585 (9)

1. Corporation Name

MUNKWITZ, BOUHAN ENTERPRIZES, INC.

Principal Place of Business

6900-29 DANIELS PKWY
FORT MYERS FL 33912
US

Mailing Address

6900-29 DANIELS PKWY
FORT MYERS FL 33912-1586
US

3. Date Incorporated or Qualified
06/23/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

APPLIED FOR 65-0591026

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MUNKOWITZ, GRANT AND TRAC
6900-29 DANIELS PKWY
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

TRACY MUNKWITZ

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

6900-29 DANIELS PKWY

83

84 City

FORT MYERS

FL

85 Zip Code

33912-1586

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 reappointing)

DATE

7-17-97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BOUHAN, JOHN J
740 PATRIDGE CT
MARCO ISLAND FL 33937

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BOUHAN, JUNE M
740 PATRIDGE CT
MARCO ISLAND FL 33937

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MUNKWITZ, GRANT
3719 WINKLER AVE UNIT 1424
FT MYERS FL 33916

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MUNKWITZ, TRACY
3719 WINKLER AVE UNIT 1424
FT MYERS FL 33916

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)