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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097818 1. Corporation Name

MUNEGIN'S, INC.

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90003 034 ***550.00



Principal Place	of Business	Mailing Address			I (091/00) ille idigi Eriti Odili objit objit dalit canto ibiti tandi ibiti tingt ibit ille				
RADO SOLITHMEST 7TH PLACE RADO SW 7TH PLACE									
GAINESVILLE FL 32000 32609		GAINESVILLE FL 32607 US			DO NOT MULTE IN THIS SPACE				
US SAWY					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				
					01/01/1996			-Cod For	
	ace of Business	2a. Mailing Address	YLPI.	1 '	4. FEI Number		- 	plied For	
	NW /34 SI		11-11		59-3350214		\$8.75	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Re		
22		27						`	
City & State 23 CATALSVILL, R.		City & State 28 (SANAY) W. A.		[]	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Intai	ngible		
32609	25 U.SA	29 32607 30	1 USA		Personal Property Tax.		☐ Yes	No	
	9. Name and Address of Current			. 1	0. Name and Address of New F	Registered A	gent		
		81 Na	ame						
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				troat Addrose	(P.O. Box Number is Not Accepta	able)		_	
343 ALMERIA AVENUE			82 St	ireet Address	(1.O. Box Number is Not Accepte	1010)			
CORAL GABLES FL 33134			83					·	
			84 Ci	ity		FL	85 Zip (Code	
					in a physica this atotomant for the		hanging ite	registered	
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 ramiliar with of nd accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Standards by the document of the standard of the sta									
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	lature required wile	ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12	
TITLE	PD	DELETE	1.1 TITLE				☐ Change	☐ Addition	
			1.2 NAME						
NAME	MONAGHAN, ROBERT D 1891 NORTHEAST 6TH-TERRAC	75-84295W 7ACPI	1.3 STREET ADD	DECC					
STREET ADDRESS	CANCOULE EL 2000	120 30/10							
CITY-ST-ZIP	GAINESVILLE FL 32609 32	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition	
TITLE	STD TERROLL	_							
NAME	MUNAGHAN, TERRI L	- 8495W DALPI.	2 2 NAME	DECC.				ı	
STREET ADDRESS	MONAGHAN, TERRI L 1831 NORTHEAST 6TH TERRAC GAINESVILLE EL 32008	HAIDOR 32607	2.3 STREET ADD						
CITY-ST-ZIP	GAINESVILLE FL 32609	DELETE	2.4 CITY-ST-ZIP	<u> </u>			Change	Addition	
TITLE		□ DELETE	3.1 TITLE						
NAME			3.2 NAME					ļ	
STREET ADDRESS			3.3 STREET ADD						
CITY-ST-ZIP		Opport	34 CITY-ST-ZIP	2	_		☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE					L,100,001	
NAME			4. 2 NAME					Į	
STREET ADDRESS			4.3 STREET ADD						
CITY-ST-ZIP			4.4 CITY-ST-ZIP				Change		
TITLE	A-	☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADD						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADD	RESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP						

CITY-ST-ZIP 14. 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 chapted or on an application address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR