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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

MUNT CORP., INC.		
Principal Place of Business	Mailing Address	
27550 DORTCH AVENUE BONITA SPRINGS FL 33923	27550 DORTCH AVENUE BONITA SPRINGS FL 33923	
		3

## **FILED** May 08 1998 8:00am Secretary of State

	1998 DIVISION OF CORPORATIONS			Secretary of State				
1. Corporation	MENT # P9600	00041405 (7)						
WUNT	OUNT; INU:					A HORMARI AKO KONIO ONKIA ODINI ODINI ODINI ODINI	I A BARA KANANTAN BARATAN BARA	<b>5</b> 1 <b>6</b> 113 1 <b>6</b> 61
Principal Place		Mailing Address						
27550 DORTO	H AVENUE NGS FL 33923	27550 DORTCH AVENUE BONITA SPRINGS FL 33923	ł					
<b>V</b>		DOMINI OF WATER BOOK				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2a, Mailing Address				<b>05/14/1996</b> 4. FEI Number	I IA	oplied For
21		26				65-0671149	_ No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	Additional equired
City & State	9	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the		
24	25 9. Name and Address of Cur	29 3	0]			Personal Property Tax due June 30.  10. Name and Address of New Registe		_] No
ALE	ERILAWYER CHARTERED		8	11	Name			
	ALMERIA AVENUE		ā	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
CO	RAL GABLES FL 33134		L.					<del></del>
			*	3				
			8	4	City		FL 65 Zip	Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida Statutes	, the abo	NB.	named corpo	oration submits this statement for the purpo	se of changing i	ts registered
agent. I a	m familiar with, and accept the of	bligations of, Section 607.0505, Florid	da Statut	les.	the corporation	on's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	Signature, typed or printed name of registered	d spen) and title if spokeable (NOTE F	Registered A	Agen	nt signature require	d when reinstating) DA	NTE	
12.	OFFICERS	AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE	E			☐ Change	Addition
HAME	MUNT, RICHARD T.S.		1.2 NAM					
STREET ADDRESS CITY-ST-ZIP	27550 DORTCH AVENUE BONITA SPRINGS FL 3392	n	1.3 STRE		ADDRESS			
TITLE	VS	DELETE	2.1 TITLE		-ZIF		Change	Addition
NAME	HOUSER-MUNT, KAREN		2.2 NAM	Ę				
STREET ADDRESS	27550 DORTCH AVENUE		2.3 \$TRE	ET A	ADDRESS			
CITY-ST-ZIP TITLE	BONITA SPRINGS FL 3392	Z3 DELETE	2.4 CITY 3.1 TITLE		r - ZIP		Change	Addition
NAME			3.2 NAM		1		L. Criange	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3 4. CITY	( - ST	r-zip			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME PERCET ADDRESS			4. 2 NAM		1000000			
STREET ADDRESS CITY-ST-ZIP			4.3 STRE		ADDRESS			
TITLE		DELETE	5.1 TITLE		- 415		☐ Change	Addition
NAME			5.2 NAM				•	
STREET ADDRESS			5.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP	***************************************	Printe	5.4 CITY	_	- ZIP		Clobassi	A distant
TITLE		☐ DELETE	6.1 TITLE	:			☐ Change	Addition

CITY-ST-ZIP 14. I 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 begoration 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 chapter on on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

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4-24.98