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

**PROFIT** CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000070788 (0)

MUNSEY MANAGEMENT AND ENGINEERING, INC.

Principal Place of Business Mailing Address 2570 SKYES CREEK DR. MERRITT ISLAND FL 32953 2570 SYKES CREEK DR. MERRITT ISLAND FL 32953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/26/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3408795 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible |25| Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name MUNSEY, SUE 2570 SYKES CREEK LANE Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32953** 83 84 Zip Code 85 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 nigestimed agent and title if applicable (NO16: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition TITLE 1.1 TITLE MUNSEY, SUE 1.2 NAME NAME 2570 SYKES CREEK LANE 1.3 STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32953** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP Addition DELETE Change 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 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 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

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5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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MUNICEY. 7 April 90 SIGNATURE

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**FILED** 

Apr 13 1998 8:00am

Secretary of State