SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000045713

MUNCHKIN ENTERPRISES, INC.

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90019 026 \*\*\*150.00



		•			
Principal Place	e of Business	Mailing Address		-	aiti alabi anti isadi tidab itit (edi
5091 5TH AVE., N.W. 5091 5TH AVE., N.W.					
NAPLES FL 33999 NAPLES FL 33999					
				DO NOT WRITE IN.TH	IIS SPACE
				3. Date Incorporated or Qualified	
				05/21/1997	1 4 4 5
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	HICKORY WOOD DR		ey wood DC	65-0757858	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State		City & State  28 NAPLES	DI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 3411	<b>9</b> 25	29 23419 3	0	Intangible Personal Property.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	ed Agent
		NEW CONTRACT			
	ZIER, DIANA		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	<del></del>
5091 5TH AVE., N.W.			5091	HICKORY WOOD	DR
NAF	PLES FL 33999		83		
			24 2		lest Zin Sorte
			84 City APL	FS F	L 85 Zip Code
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					
I 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 applicable. (NOTE: Registered Agent signature required with				ired when reinstating) DATE	1/-11
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D .	DELETE	1.1 TITLE		Change Addition
NAME	Dozier, Diana		1.2 NAME		
STREET ADDRESS	5091 5TH AVE., N.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY-ST-ZIP		
tmLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		_ , _
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2,4 C/TY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C!TY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
1	•	TT DETELE	6.2 NAME		Change Addition
NAME					
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 writing address.

**SIGNATURE** 

**SEPTEMBER 13, 1999** 

P97000045713 6179999000226 617982-90019-26

Department of State Annual Reports Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Sirs;

In recent phone conversations with your department I was told to send in this letter to explain that I did not receive a First Notice. We have had some mailbox vandalism in the past year, but I do not know if that is in fact what happened to the notice. I have been advised that I can receive a waiver for the additional fee on a one-time basis.

It would be greatly appreciated if you could in fact, honor this rquest for this year.

Sincerely,

Diana Dozier President