


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

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Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Micham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000050714 (9)

1. Corporation Name
MICHAEL P. MUNSON, P.A.

Principal Place of Business
4300 N. UNIVERSITY DR., STE. A-205
LAUDERHILL FL 33351

Mailing Address
4300 N. UNIVERSITY DR., STE. A-205
LAUDERHILL FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7808 N.W. 39th Street Suite, Apt. #, etc. 22 City & State 23 Coral Springs FL Zip 24 33065		2a. Mailing Address 26 7808 N.W. 39th St. Suite, Apt. #, etc. 27 City & State 28 Coral Springs FL Zip 29 33065		3. Date Incorporated or Qualified 06/06/1997	
				4. FEI Number 65-0763232	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MUNSON, MICHAEL P 4300 N. UNIVERSITY DR., STE. A-205 LAUDERHILL FL 33351				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 Coral Springs FL 85 Zip Code 33065	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	DPST
NAME	MUNSON, MICHAEL P	1.2 NAME	Munson, Michael P
STREET ADDRESS	4300 N. UNIVERSITY DR., STE. A-205	1.3 STREET ADDRESS	7808 N.W. 39th Street
CITY-ST-ZIP	LAUDERHILL FL 33351	1.4 CITY-ST-ZIP	Coral Springs FL 33065
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 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 with an address.

SIGNATURE:

Michael P. Munson

2/2/98

(954)346-0947

CR2E034 (10/97)