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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 11 1998 8:00am Secretary of State

DOCUMENT #	P97000079858	(1)
*****	NEO 1110	

MUNGIN ENTERPRISES INC.

Principal Place of Business 3350 SW 3 AVE STE 207 FT LAUDERDALE FL 33315 Mailing Address

3350 SW 3 AVE STE 207 FT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

				09/15/1997			
2. Principal P	lace of Business	2a. Mailing Address	211 - 2	4. FEI Number	Applied For		
21			21672	65-0780845	Not Applicable		
Suite, Apt.	#, €IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28 Ft. LAUDER	DALE FL	Trust Fund Contribution	Added to Fees		
Zip	Country	Zgo	Country	8. This corporation owes or has paid the cur			
24	25	29 33335 30	BROWARD		☐ Yes ☐ No _		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
MUNGIN, MAURY S 81 Name							
			82 Street Addres	82 Street Address (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33315							
			83				
]			84 City		85 Zip Code		
				<u> </u>			
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		egistered Agent signature required				
12.	OFFICERS AND	The second secon	13.	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	MUNGIN, MAURY S	☐ DETELE	1.1 TITLE		L, Change L Addition		
NAME	P O BOX 21672 N/A		1.2 NAME				
STREET ADDRESS	FT LAUDERDALE FL 33335		1.3 STREET ADDRESS				
CITY-ST-ZIP	STO	DELETE	1.4 CITY - ST - ZIP		Change Addition		
NAME	MUNGIN, MONICA C		22 NAME		T1 Change T1 vacation		
STREET ADORESS	P O BOX 21672 N/A		2 3 STREET ADDRESS				
1	FT LAUDERDALE FL 33335		J.				
CITY-ST-ZIP	11 2100210112212 00000	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		☐ DELFTE	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 TIFLE		Change Addition		
NAME			52 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-2IP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	ne exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information		

14. Indeed, certify that the information supplied with this bling does not quality for the exemption stated in section 118.7(3)th, Florida Statutes. Inturiner 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 of 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 or an attachment with an address.

SIGNATURE: Was S. M.A.

3-6-98

2F034 (10/97)