**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000031024

1. Corporation	Name							- 1						
MUGS MANAGEMENT HOLDINGS, INC.								ı			. <b>4</b> 1 1 <b>9 1 1 1</b>		11 B101 (B4)	
								4	<u> </u>	<b>        </b>				
Principal Place of Business Mailing Address														
6316 LANTANA ROAD #45 LAKE WORTH FL 33463 6316 LANTANA ROAD #45 LAKE WORTH FL 33463									DO NOT WRIT	E IN THIS S	SPACE			
								ŀ	3. Date Incorporated or Qualifed					1
								ļ	04/01/1998					ļ
2 Principal P	ace of Business	2a. Malling Address					$\dashv$	4 CEI Number	.		Appli	ed For	1	
21				26					65-082948	<u> </u>	$\Box$	Not /	Applicable	]
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5, Certificate of Status Desired		\$8.7	5 Ad Requ		Ì
22 Shall Shall				City & State					6. Election Campaign Financing		\$5.0	Ю.м	ay Be	1
City & State				28					Trust Fund Contribution			ed to		
Zip Country							Country		8. This corporation owes the curre	ent year Inte	ngible			1
24	25			30			_		Personal Property Tax.		☐ Yes		]No	4
	9. Name and Addr	ess of Current f	tegis	tered Agent		$\Box$			10. Name and Address of New R	egistered A	gent			┨
						81	Name							
COCUY, JUAN C 6316 LANTANA ROAD #45							Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
LAKE WORTH FL 33463														1
						84	City				85 Z	ip Co	de	1
!						1 - 1	,			<u>FL</u>	ــلــــــــــــــــــــــــــــــــــــ		-1-4	ł
11. Pursuant	to the provisions of Se	ctions 607.0502	and 6	07.1508, Florida Statul	es, the a uthorized	bove I by i	-named or the comon	orpon ration	ation submits this statement for the s board of directors. I heraby accep	purpose of the appoint	nanging Iment as	regis	gistered itered	1
agent. ) a	m familiar with, and ac	cept the obligation	ns of	, Section 607.0505, Flo	rida Stati	ites.			ation submits this statement for the a board of directors. I hereby accep					
SIGNATURE									hen reinstating)	DATE			—	1.
12.	Signature, typed or printed ner	OFFICERS AND			13.	-Ques	x <del>and men a</del> lad	- CHECK	ADDITIONS/CHANGES TO OFF	ICERS AN	DIREC	TOR	S IN 12	13
TITLE	D	OTT TO LITE TATE		☐ DELETE	1.1 TI	TLE				· ·	Chan		Addition	
NAME	COCUY, JUAN C				1.2 N	WE								
STREET ADDRESS				135			1.3 STREET ADDRESS							H
CITY-ST-ZIP	W PALM BEACH	-			1.4 0	TY- \$1	r-zp							4
TITLE	D			☐ DELETE	2.1 17	TLE					☐ Chan	Q0	☐ Addition	U
NAME	PUSATERI, DANA	j			2.2 N	WE	1							1
STREET ADDRESS							2.3 STREET ADDRESS							1
CITY-ST-ZIP .	DELRAY BEACH I	L 33446			_	_	17-ZIP				Chan	-	Addition	1
TITLE	D DELETE					3.1 TITLE						Ac	C. regulos.	Ì
NAME	HAGER, JAMES H				3.2 N									
- STREET ADDRESS	3618 DIANE DRIV	-		-	1		ADDRESS		•				-	1
CITY-ST-ZIP	BOYNTON BEACH	1 FL 33435		☐ DELETE	3.4. C 4,1 Π		r-ziP				Chan	ge	Addition	1
mle				□ sercie	4.2 N		}		•		_	-		1
NAME							ADORESS							
STREET ADDRESS					1	TY-51	- 1							
CITY-ST-ZEP				☐ OELETE	5.1 TI						☐ Chan	ge ·	Addition	1
NAME					5.2 N									
STREET ADDRESS					5.3 87	REET	ADDRESS							
CITY-ST-ZIP					5.40	TY-ST	T-23P							4
TITLE		·		☐ DELETE	6.1 Ti	TLE			<del></del>		Chan	ge	Addition	
NAME					6.2 N	WE								
STREET ADDRESS					6.3 8	REET	ADDRESS							1

CITY-ST-ZP 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, with all other like empowered.

SIGNATURE:

URE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 1999 8:00 am Secretary of State

05-10-1999 90137 046 \*\*\*150.00

CR2E034 (11/98)