


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S37251** (3)
1. Corporation Name
MUNA, INC.

Principal Place of Business
**9803 BAY ISLAND DR.
TAMPA FL 33615**

Mailing Address
**9803 BAY ISLAND DR.
TAMPA FL 33615**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1991	
21 P.O. BOX 260492	26 P.O. BOX 260492	4. FEI Number 59-3062391		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 TAMPA FL	28 TAMPA FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33615	25 Country	29 33615		30 Country	
24 33615		25 Country		29 33615	
24 33615		25 Country		29 33615	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOSSER, LEO A. 9803 BAY ISLAND DR. TAMPA FL 33615		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2013 COBBLEWOOD CT 83 TAMPA FL 33615 84 City FL 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PR	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSSER, MARIE M	1.2 NAME	
STREET ADDRESS	9803 BAY ISLAND DR	1.3 STREET ADDRESS	2013 COBBLEWOOD CT.
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	TAMPA FL 33615
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSSER, LEO A.	2.2 NAME	
STREET ADDRESS	9803 BAY ISLAND DR	2.3 STREET ADDRESS	2013 COBBLEWOOD ST.
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	TAMPA FL 33615
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Leo A. Gosser** SECRETARY 4/7/98 813 880 9475

CR2E034 (10/97)