

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90233 020 \*\*\*150.00

DOCUMENT # S37251

1. Corporation Name  
MUNA, INC.

Principal Place of Business

P.O. BOX 260492  
TAMPA FL 33685  
US

Mailing Address

P.O. BOX 260492  
TAMPA FL 33685  
US

2. Principal Place of Business

21 P.O. BOX 970045  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 970045  
Suite, Apt. #, etc.

City & State

23 COCONUT CREEK FL

Zip Country

24 33097 25 USA

City & State

28 COCONUT CREEK FL

Zip Country

29 33097 30 USA

9. Name and Address of Current Registered Agent

GOSSER, LEO A.  
7013 COBBLEWOOD CT  
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1991

4. FEI Number

59-3062391

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

GOSSER LEO A

82 Street Address (P.O. Box Number is Not Acceptable)

5893 NW 63RD WAY

83

84 City

PARKLAND

FL

85 Zip Code

33067

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

Leo A. Gosser

LEO A. GOSSER

11/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PR  
NAME GOSSER, MARIE M  
STREET ADDRESS 7013 COBBLEWOOD CT  
CITY-ST-ZIP TAMPA FL 33615

TITLE S ☐ DELETE

NAME GOSSER, LEO A.  
STREET ADDRESS 7013 COBBLEWOOD CT  
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P.O. BOX 5893 NW 63RD WAY  
PARKLAND FL 33067

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

5893 NW 63RD WAY  
PARKLAND FL 33067

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

Signature Required  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

11/2/99

954 344 1493

CR2E034 (11/98)