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**

DOCUMENT #

(1)

DONALD MUNCY, P.A.

Principal Place of Business	Mailing Address	
4810 N. FEDERAL HWY FT. LAUDERDALE FL 33308 US	P.O. BOX 39328 FT. LAUDERDALE FL 33339 US	

FILED Feb 26 1998 8:00am Secretary of State



							AL DRI DAL DI		
Principal Plac	e of Business	Mailing Address							
4610 N. FEDI		P.O. BOX 39328	***						
FT. LAUDERDALE FL 33308 FT. LAUDER US US		FT. LAUDERDALE FL 3:	ERDALE FL 33339			DO NOT WRITE IN THIS SPACE			
00		00				3. Date Incorporated or Qualified		1	
						06/14/1991			
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21	26					65-0269137	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 /	Additional		
22					5. Certificate of Status Desired	Fee Re	quired		
City & Stat	9	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28			Trust Fund Contribution	Added t		
Zip	Country	Zip	<u> </u>			8. This corporation owes or has paid the c			
24	25	29	30			Personal Property Tax due June 30.] No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	l Agent		
ML	JNCY, CHARLES D			81	Name				
	4 COMMERCIAL BLVD			82	Street A	ddress (P.O. Box Number is Not Acceptable)			
	E 321		:		0	, , , , , , , , , , , , , , , , , , , ,			
	UDERDALE-BY-THE-SEA FL 333	08		83					
				84	City		85 Zip (Code	
				-		F	L `	1	
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida Stati	ites, the al	pove	-named c	corporation submits this statement for the purpose pration's board of directors. I hereby accept the ap	of changing it	s registered	
office or i	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was lations of, Section 607.0505. F	authorize Iorida Stat	d by lutes	the corpo	oration's board of directors. I hereby accept the ap	pointment as	registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NC	TE Registere	d Age	nl eignature r	equired when reinstating) DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AF			
TITLE	PD	☐ DELÉT é	1.1 11	TLE			☐ Change	☐ Addition	
NAME	MUNCY, CHARLES D		1.2 N/	AME	ĺ				
STREET ADDRESS	224 COMMERCIAL BLVD #3	21	1.3 \$1	REET	AODRESS				
CITY-ST-ZIP	LAUD-BY-THE-SEA FL		1.4 CI	TY-S	T-ZIP				
TITLE	VP	☐ DELE TÉ	2.1 TI	TLE			☐ Change	Addition	
NAME	MUNCY, MARTHA C.		2.2 N/	AME					
STREET ADDRESS	224 COMMERCIAL BLVD, ST	E. 321	2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA F	L	2.4 C	ITY-S	T-ZIP				
TITLE		DELETE	3.1 TI	TLE			☐ Change	Addition	
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 ST	TREET	ADDRESS				
CITY - ST - ZIP			3.4. C	ITY-S	ST - ZIP				
TITLE		DELETE	4.1 TI		Ť		Change	Addition	
NAME			4.2 N	AME					
STREET ADDRESS			4.3 ST	TREET	ADDRESS				
CITY-ST-ZIP				TY-S					
TITLE	-	DELETE	5.1 TI				☐ Change	Addition	
NAME		•	5.2 N						
STREET ADDRESS					ADDRESS				
				ITY-S					
CITY-ST-ZIP TITLE		DELETE	6.1 1				☐ Change	Addition	
		٠	6.2 N						
NAME CERTE ADDRESS					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	I		0.4 CI	TY-S	1 - YIL				

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.