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

DOCUMENT

1. Corporation Name

MUNIAN DEVELOPMENTS INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90081 001 ***150.00

| MOMAIN | DEVELOT MENTO INO. | | | | | | | |
|---|---|--|--|--------------------------|----------------------|--|---|------------------------|
| Principal Place | of Business | Mailing Address | Mailing Address | | | | .11 92913 91917 97843 9 | 14814 B1811 1891 |
| 7421 CLARCONA OCOEE RD 7421 CLARCONA OCOEE RD 7421 CLARCONA OCOEE RD ORLANDO FL 32818 | | | | ₹D | | TO NOT WRITE IN THE | IIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed 03/03/1992 | | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | Ap | plied For |
| 21 | | 26 | 6 | | | 59-3116624 | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. # | t, etc. | | | 5. Certificate of Status Desired | \$8.75 A Fee Re | |
| City & Stat | e | City & State | , | | | 6. Election Campaign Financing | \$5.00 | May Re |
| 23 | | 28 | | | | Trust Fund Contribution | Added t | |
| Zip | Country | Zip | | ountry | | 8. This corporation owes the current year | Intangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Registers | ed Agent | |
| | | | | 81 | Name | | | |
| | iian, franklin o | | | 82 | Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| 7421 CLARCONA OCOEE ROAD | | | | 02 | Sireer Au | dress (P.O. Box Number is Not Acceptable) | | |
| ORL | ANDO FL 32818 | | | 83 | | | | , |
| | | | | 84 | City | . F | 85 Zip (| Code |
| 11. Pursuant office or ragent. I a | egistered agent, or both, in the State in familiar with, and accept the oblig | e of Florida. Such char pations of, Section 607 | nge was authori .0505, Florida S ルル <i>C</i> R | zed by tatutes ᠘ΑΛ | the corpora (Do M | proration submits this statement for the purpose stron's board of directors. I hereby accept the application and the purpose accept the application and the purpose strong accept the application and the purpose strong accept the application and the purpose strong accept the purpose accept the application accept the purpose accept the p | of changing its pointment as req 29 / | registered gistered |
| 12, | Signature, typed or printed name of registered ag | ND DIRECTORS | | 3. | t signature requ | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| TITLE | DPS | | | 1 TITLE | | ADDITIONS STATUTED TO STATISTICS | Change | Addition |
| NAME | MUNIAN, FRANKLIN ORLAND | iΩ | 1: | 2 NAME | l | | | |
| STREET ADDRESS | 7421 CLARCONA OCOEE RO | | i i | | FADDRESS | ,- | : | |
| CITY-ST-ZIP | ORLANDO FL 33818 | 'NO | 1 | 4 CITY-S | ì | | , | |
| TITLE | T | | | 1 TITLE | 1-211 | | ☐ Change | Addition |
| NAME | SAHAI, HORACE M. | _ | | 2 NAME | İ | | _ | |
| STREET ADDRESS | 7421 CLARCONA OCOEE RD | 1 | | | ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | '4 | | 4 CITY-S | ļ | • | 1 | |
| TITLE | VIIINIO I E | | | 1 TITLE | | | ☐ Change | Addition |
| NAME | Ì | | 4 | 2 NAME | } | | • | |
| STREET ADDRESS | | | | | r address | | | |
| CITY-ST-ZIP | | | | 4. CITY-5 | 1 | | | |
| TITLE | | | | 1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | ı | | 4. | 2 NAME | J | | | |
| STREET ADDRESS | | | 10 | | r ADDRESS | | | |
| CITY-ST-ZIP | | | | 4 CITY-S | | | | |
| TITLE | | | | 1 TITLE | | | ☐ Change | Addition |
| NAME | | | 5. | 2 NAME | | | | |
| STREET ADDRESS | | | 5. | 3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 5. | 4 CITY-S | T-ZIP _ | | | |
| TITLE | | | DELETE 6. | 1 TITLE | | | ☐ Change | Addition |
| NAME: | | | 6. | 2 NAME | { | | | |
| STREET ADDRESS | | | 6. | 3 STREE | ADDRESS | | | |
| CITY-ST-ZIP | | | 6. | 4 CITY-S | T-ZIP | | | |

14. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANKLIN

O. Hunian