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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

V36169 (3)

	MUNITY UTILITIES,	INC.			
Principal Place	e of Business	Mailing Address		1 180/1 0/1/800 ////B 0//BF 1/0/U 0//	INE NOVI DEBLE DIBLE DEBLE BERLE DIBLE DIBLE DIBLE
1917 PARADISE DR KISSIMMEE FL 34741		P. O. BOX 2639 OKEECHOBEE FL 34 US	4973		
				3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last Report 05/01/1995
· ·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0341006	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Hequired
23	ь	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<i>Z</i> ip	Country	Zip	Country		Added to Fees
24	25	29	30	B. This corporation has liability for a Florida Statutes	intangiole tax under si 199.032, ☑No
		of Current Registered Agent	1001	10. Name and Address of New R	
			B1 Name		
ATTKIS	SSON, FRANK		B2 Street Add	dress (P.O. Box Number is Not Acceptab	Ja)
1917 PARADISE DR			BZ Street Acc	dress (F.O. Box Number is Not Acceptati	ле)
	IMEE FL 34741		B3		
			-	· · · · · · · · · · · · · · · · · · ·	
			84 City		FL 85 Zip Code
familiar wit	ith, and accept the obligation	or Florida. Such change was authority of, Section 607.0505, Florida Statute	zed by the corporation's boils. OTE: Registered Agent signature require	oration submits this statement for the pur and of directors. I hereby accept the appoint and when renstating.	Ointment as registered agent. I am
familiar wit	th, and accept the obligation	or Florida. Such change was authority of, Section 607.0505, Florida Statute	zed by the corporation's bo- s.	ard of directors. I hereby accept the appa	DATE
familiar wit	signar we, typed or professionance of re	epistered agent and title if applicable Noticers AND DIRECTORS	Zed by the corporation's boils. OTE: Registered Agent signature require	and or directors. I hereby accept the appoint	DATE
familiar will SIGNATURE	signar in types or printed name of its	egistered egent and title if applicable N	Zed by the corporation's books. OTE: Registered Agent signature requirements.	and or directors. I hereby accept the appoint	DATE ICERS AND DIRECTORS IN 12
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CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

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