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PROFIT CORPORATION ANNUAL REPÓRT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 161467  1. Corporation Name  MONOGRAM GENERAL AGENCY OF FLORIDA, INC.  Principal Place of Business  Mailing Address  BO LONG RIDGE RD  1. O. BOX 8109  P. O. BOX 8109  STAMFORD CT 08927-8109						
				<ol> <li>Date Incorporated or Qualified 05/08/1950</li> </ol>	3a. Date of Last R 04/14/1996	leport
~₁ ′	Place of Business	2e. Mailing Address		4. FEI Number	Ar	oplied For
State, Apt	#. etc	26     Suite, Apt. #, etc.	NAME OF TAXABLE PARTY.	59-0612148	60 75	of Applicable
2)	.,	27		5. Certificate of Status Desired	1 1 7	equired
ે City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 Added t	
2 <sub>(P</sub>	Country	28   Zm	Country	Trust Fund Contribution  8. This corporation has liability for		to Fees . 199.032.
4	25]	29	30	Florida Statutes	Yes No	. 105,552,
	9. Name and Address of Curre	ent Registered Agent	621	10. Name and Address of New Ro	egistered Agent	
	CORPORATION SYSTEM  SOUTH PINE ISLAND ROAD		81 Name	1		
	NTATION FL 33324		82 Street Add	fress (P.O. Box Number is Not Accepta	ble)	
	HUMAN I P AAAP		63	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			84 City		lee l 7in /	Osala
					85 Zip∢	Code
11. Pursuant office or	to the provisions of Sections 607.08 registered agent or both, in the Stat	302 and 607.1508, Florida Si to of Florida. Such change w	1 1	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing it ept the appointment as	ts registered registered
SIGNATURE	Signer incluy, and or printed harve of registered as		1 1		purpose of changing it ept the appointment as	
SIGNATURE	5 grant ac typical or printed name of registered a OFFICERS AI	igent and title if applicable	latutes, the above-named corp was authorized by the corpora 5, Florida Statutes.  (NOTE Registered Agent signature requi		purpose of changing it ept the appointment as	
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