**FILED** 

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90024 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 641800**

	Corporation MONFOR	Name T CORPOI	RATION					
Principal Place of Business Mailing Address							<del></del>	
1040 6TH AVENUE NORTH NAPLES FL 34102  1040 6TH AVENUE NORTH NAPLES FL 34102								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
								10/18/1979
2. Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For
21	·			26	26			59-1947242 Not Applicable
22	Suite, Apt. #	#, etc.		<u></u>	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required
23	City & State	City & State			City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
24	Zip	25	Country	Zip 29	34	Count	ry	8. This corporation owes the current year Intangible Personal Property Tax.
		9. Name at	nd Address of Currer	nt Registered				10. Name and Address of New Registered Agent
FORESMAN, W., F. 1040 6TH AVE. NORTH NAPLES FL 34102						8	3 City	Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code  corporation submits this statement for the purpose of changing its registered
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 recoffice 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE								oration's board of directors. I hereby accept the appointment as registered
اد	IGNATURE .	Signature, typed or	printed name of registered age		<u> </u>		jent signature re	required when reinstating) DATE
12			OFFICERS AN	ID DIRECTOR		13.	т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TIT	LE	PD			☐ DELETE	1,1 TITLE		
	ME	BOYCE, W		•		1.2 NAM		
STREET ADDRESS		368 SLATE		• •			ET ADDRESS	
$\vdash$	ry-st-zip	OTTAWA O	<u> </u>	<del></del>	☐ DELETE	1.4 CITY 2.1 TITLE		Change Addition
1 1		VD	U CONCO					
		MOVILLA, A	APIECE CRES.			2.2 NAM	ET ADDRESS	
1	REET ADDRESS		ONT., CANADA				-ST-ZIP	
$\vdash$	LE	SD	OITE, CAINDA		☐ DELETE	3.1 TITLE		Change Addition
)	MF	HELLARD,	STEPHEN			3.2 NAM	E	
ST	REET ADDRESS	368 SLATE				3.3 STRE	ET ADDRESS	•
1	ry-St-zip		ONT., CANADA		3.4. City.		-ST-ZIP	
TIT		TD	y		☐ DELETE	4.1 TITLI	- T	Change Addition
NA.	ME	WERSCH, I	E.G.			4. 2 NAM	iE	
ST	REET ADDRESS	68 AVONLE				4.3 STR	ET ADDRESS	
1	ry-st-zip		NT., CANADA			4.4 CITY	-ST-ZIP	
_	TLE		,		DELETE	5.1 TITLI	<u> </u>	☐ Change ☐ Addition
l NA	.ue					5.2 NAM	E	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

NAME

TITLE

NAMÉ

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

3/12/99

941-262-7866

Change

Addition