

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 30

DOCUMENT # 703857 (3)
1. Corporation Name
MONTICELLO INC

Principal Place of Business Mailing Address
RYBICKI, DOROTHY 3110 N E 29TH ST
3110 N E 29TH ST FT. LAUDERDALE FL 33308
FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1962 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1283364 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
RYBICKI, DOROTHY A.
3110 NE 29TH ST
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 registered office 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 registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE VT
NAME CELINO, ELEANOR
STREET ADDRESS 3110 NE 29TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000
TITLE T
NAME RYBICKI, D
STREET ADDRESS 3110 NE 29TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000
TITLE SD
NAME ANNA P. SMITH
STREET ADDRESS 3110 N.E. 29TH STREET
CITY-ST-ZIP FT LAUDERDALE, FL 00000
TITLE PD
NAME SMITH, L. A.
STREET ADDRESS 3110 NE 29TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000
TITLE VD
NAME ECK, J.
STREET ADDRESS 3110 NE 29TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000
TITLE VD
NAME CONCO, J.
STREET ADDRESS 3110 NE 29TH ST
CITY-ST-ZIP FT LAUDERDALE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE CLAYTON, WILLIAM Change Addition
1.2 NAME 3110 NE 29th ST.
1.3 STREET ADDRESS FT. LAUDERDALE, FL
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy A. Rybicki Dorothy A. Rybicki 3-18-95 305-564-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Title)