FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:49

DOCUMENT # 738017 (3)

1. Corporation Name

MONACO G ASSOCIATION, INC.

Principal Place of Business
C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

Mailing Address
C/O PRIME MANAGEMENT GROUP, INC.
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1977
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1742372 — Applied For / Not Applicable

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

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

9. Name and Address of Current Registered Agent

RAIBLE, RONALD
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LONGO, PHILIP	1.2 NAME	
STREET ADDRESS	KINGS PT. MONACO G 304	1.3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	V ☑ Change ☐ Addition
NAME	BEEFERMAN, MORRIS	2.2 NAME	Fischer, Arthur
STREET ADDRESS	KINGS PT. MONACO G 327	2.3 STREET ADDRESS	296 Monaco G
CITY ST ZIP	DELRAY BEACH FL	2.4 CITY ST ZIP	Delray Bch. FL 33446
TITLE	S	3.1 TITLE	S ☑ Change ☐ Addition
NAME	ROSEN, MILDRED	3.2 NAME	Gardiner, Dorothy
STREET ADDRESS	KINGS PT. MONACO G 289	3.3 STREET ADDRESS	324 Monaco G
CITY ST ZIP	DELRAY BEACH FL	3.4 CITY ST ZIP	Delray Bch. FL 33446
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	KORLATH, ELEANOR	4.2 NAME	
STREET ADDRESS	KINGS PT. MONACO G 330	4.3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	GREENSTEIN, ABE	5.2 NAME	Buckman, Judy
STREET ADDRESS	KINGS PT. MONACO G 332	5.3 STREET ADDRESS	294 Monaco G
CITY ST ZIP	DELRAY BEACH FL	5.4 CITY ST ZIP	Delray Bch. FL 33446
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BUCKMAN, JACK	6.2 NAME	
STREET ADDRESS	MONACO G 298	6.3 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip D. Longo — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95 — Date
(407) 495-1636 — Daytime Phone #

0013830