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 # 738018 (1)

1. Corporation Name

MONACO I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP, INC 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	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: 59-1758206	☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUSNAK, ALEXANDER KINGS POINT/MONACO I-397 DELRAY BCH. FL 33446	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	RUSNAK, ALEXANDER	1.2 NAME	
STREET ADDRESS	KINGS PT. MONACO I 397	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☑ Change ☐ Addition
NAME	WEINSTEIN, ROSE	2.2 NAME	Goldstein, Jack Max
STREET ADDRESS	MONACO I 398	2.3 STREET ADDRESS	402 Monaco I
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Bch, FL 33446
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	PLISKIN, OLIVE	3.2 NAME	
STREET ADDRESS	MONACO I 412	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	RUSNAK, MINA	4.2 NAME	
STREET ADDRESS	KINGS PT. MONACO I 397	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	GOLDSTEIN, JACK MAX	5.2 NAME	Weinstein, Rose
STREET ADDRESS	KINGS PT. MONACO I 402	5.3 STREET ADDRESS	398 Monaco I
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	Delray Bch, FL 33446
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SLEPP, DOROTHY	6.2 NAME	
STREET ADDRESS	MONACO I 403	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: Max Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95
Date

499-2017 *
499 9200
Daytime Phone #

0013442