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,NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DOCU 1. Corporation	JMENT # 73801	8 (1)						
MON	ACO I ASSOCIATION, INC.							
								# 312 11 413 11 1141
Principal Plac	ce of Business	Mailing Address						
1051 SOUT	E Management Group, Inc. 'H Rogers Circle On FL 33487	MENT GROUP, INC. S CIRCLE 187						
2. Principal F	Place of Business	BOCA RATON FL 334			Date Incorporated or Qualified 02/07/1977	d 3a. D	ate of Last 05/01/	
1	1000 07 000111033	2a. Mailing Address		4. F	El Number 59-1758206		⊢ −+	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				·		Not Applicable Additional
City & Stat	te	City & State			Pertificate of Status Desired			Additional Required
3		City & State			lection Campaign Financing rust Fund Contribution		\$5.0	0 Мау Вв
Zip 4	Country	Zıp	Country	8. T	his corporation has liability fo		Adde	d to Fees
*1	9. Name and Address of Curre	29 Agent	30	Fi	lorida Statutes	Yes S	Nin	199,002,
-		in Hogistered Agent	81 Na	10. N	lame and Address of New	Registered	Agent	
n	ATDID DOWNER							
A	AIBLE, RONALD	D1 1	82 Str	eet Address (P.O.	Box Number is Not Accepta	able)	·	
ı B	300 Park of COmmoca Raton, FL 3	erce Blva. 3487	83					
Ď	oca katon, FL 3	3487	84 City					·
				i			85 Zir	Code
I1. Pursuant i	to the provisions of Spetian - 017 orga					FL		, 0000
11. Pursuant i	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	and 617.1508, Florida Statut da. Such change was authoriz			mits this statement for the putters. I hereby appear the	FL urpose of cha	inging its re	egistered office
	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	and 617.1508, Florida Statut da. Such change was authoriz ion 617.0503, Florida Statutes			mits this statement for the puttors. I hereby accept the app	FL urpose of cha pointment as	nging its re registered	egistered office agent. I am
GNATURE			es, the above-name ed by the corporatio	d corporation sub- n's board of direc		urpose of cha pointment as	inging its registered	egistered office agent. I am
GNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NC D DIRECTORS		d corporation sub n's board of direct ure required when reinst	ating)	urpose of cha pointment as	inging its registered	egistered office agent. I am
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