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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 738018 (1)

1. Corporation Name

MONACO I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PR 1051 SC BOCA F	UP. INC. PRIME MGMT.GROUP, INC. 6300 PRK.OF COMMERCE BLVD BOCA RATON, FL.33487

2. Prin
21 C/L

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 02/07/1977
3a. Date of Last Report: 06/06/1996
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
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
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

10. **Name and Address of New Registered Agent**

81 Nam
82 Stre SWATT, MYRON
6300 PK OF COMMERCE BLVD
83 BOCA RATON, FL 33487
84 City FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 will comply with the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 3/6/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	RUSNAK, ALEXANDER		1.2 NAME	RUSNAK, ALEXANDER	
STREET ADDRESS	397 MONACO I		1.3 STREET ADDRESS	397 MONACO I	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	WEINSTIEN, ROSE		2.2 NAME	WEINSTEIN, ROSE	
STREET ADDRESS	398 MONACO I		2.3 STREET ADDRESS	398 MONACO I	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	PLISKIN, OLIVE		3.2 NAME	PLISKIN, OLIVE	
STREET ADDRESS	412 MONACO I		3.3 STREET ADDRESS	412 MONACO I	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	RUSNAK, ALEXANDER		4.2 NAME	LAVINE, DORIS	
STREET ADDRESS	397 MONACO I		4.3 STREET ADDRESS	416 MONACO I	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	DD	☐ DELETE	5.1 TITLE	DD	☐ Change ☐ Addition
NAME	GOLDSTIEN, JACK		5.2 NAME	GOLDSTEIN, JACK	
STREET ADDRESS	402 MONACO I		5.3 STREET ADDRESS	402 MONACO I	
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	DD	☒ DELETE	6.1 TITLE	DD	☐ Change ☒ Addition
NAME	SLEPP, DOROTHY		6.2 NAME	GOLD, BESS	
STREET ADDRESS	403 MONACO I		6.3 STREET ADDRESS	390 MONACO I	
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP	DELRAY BEACH, FL	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alexander Rusnak 3/12/97 561-499-9412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (optional)