

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **854535** (2)
1. Corporation Name
MONARCH INDUSTRIES, INC.



Principal Place of Business: P.O. BOX 429 WINNIPEG, CANADA R3C 3E4 -4192
Mailing Address: P.O. BOX 429 WINNIPEG, CANADA R3C 3E4 -4192

3. Date Incorporated or Qualified: 10/28/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: 41-0977546
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

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

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent Signature required when filing.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLASSEN, JOHN	1.2 NAME	
STREET ADDRESS	889 ERIN ST	1.3 STREET ADDRESS	R. EARL STORIE
CITY-ST-ZIP	WINNIPEG, MANIT., CANA	1.4 CITY-ST-ZIP	145 WELLINGTON WEST SUITE 2000
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREUBER, DONALD W	2.2 NAME	
STREET ADDRESS	600-175 HARGROVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINNIPEG MB	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, DAN	3.2 NAME	
STREET ADDRESS	889 ERIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINNIPEG, MB	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, GENE	4.2 NAME	
STREET ADDRESS	889 ERIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINNIPEG, MB	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANCE, WILLIAM R	5.2 NAME	
STREET ADDRESS	2870-360 MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINNIPEG MB	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: May 18/96 (204) 786-7901

CR2E034 (12/95)