

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90007 022 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 854535**

1. Corporation Name  
**MONARCH INDUSTRIES, INC.**

Principal Place of Business P.O. BOX 429 WINNIPEG CANADA R3C3E4	Mailing Address P.O. BOX 429 WINNIPEG CANADA R3C3E4
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/28/1982</b>	4. FEI Number <b>41-0977546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME STREUBER, DONALD W	
STREET ADDRESS 600-175 HARGROVE ST	
CITY-ST-ZIP WINNIPEG MB	
TITLE D	<input type="checkbox"/> DELETE
NAME MCCANZE, WILLIAM R	
STREET ADDRESS 2870-360 MAIN ST	
CITY-ST-ZIP WINNIPEG MB	
TITLE PD	<input type="checkbox"/> DELETE
NAME DUNN, GENE D	
STREET ADDRESS 889 ERIN ST	
CITY-ST-ZIP WINNIPEG, MB	
TITLE V	<input type="checkbox"/> DELETE
NAME O'ROURKE, DAN	
STREET ADDRESS 889 ERIN ST	
CITY-ST-ZIP WINNIPEG MB	
TITLE V	<input type="checkbox"/> DELETE
NAME BHAYANA, VIC	
STREET ADDRESS 889 ERIN ST	
CITY-ST-ZIP WINNIPEG MB	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP Business Development	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Ray Cook	
1.3 STREET ADDRESS 889 Erin Street	
1.4 CITY-ST-ZIP Winnipeg, Manitoba	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, 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, with all other like empowered.

SIGNATURE: DAN O'ROURKE DATE: MAR 9 1999 DAYTIME PHONE #: 204-786-7921

CR2E034 (11/98)