

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G46306** (8)

1. Corporation Name
MONKLANDS INVESTMENTS, INC.



Principal Place of Business
**2020 NE 163RD ST
SUITE 300
NORTH MIAMI BEACH FL 33162
US**

Mailing Address
**2020 NE 163RD ST
SUITE 300
NORTH MIAMI BEACH FL 33162
US**

2. Principal Place of Business
21 **16459 NE 6th Avenue**
State, Apt. #, etc.

2a. Mailing Address
26 **16459 NE 6th Avenue**
State, Apt. #, etc.

22 City & State
23 **N. Miami Beach, FL**

27 City & State
28 **N. Miami Beach, FL**

24 Zip **33162** 25 Country **US**

29 Zip **33162** 30 Country **US**

9. Name and Address of Current Registered Agent

**ROTH, MITCHEL W.
2020 NE 163RD ST
SUITE 300
NORTH MIAMI BEACH FL 33162**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
16459 NE 6th Avenue
83
84 City **N. Miami Beach** FL 85 Zip Code **33162**

3. Date Incorporated or Qualified **06/27/1983**
3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2302875**
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0502, Florida Statutes.

SIGNATURE *[Signature]*

DATE **2/15/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SKLAR, JOE	
STREET ADDRESS	9 FINCHLEY RD.	
CITY-STATE-ZIP	HAMPSTEAD MONTREAL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is true, correct, and does not qualify for the exemption stated in Section 119.073(3)(a), Florida Statutes. I further certify that the information provided for 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 treasurer 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: *[Signature]* SKLAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 20 / 96 (514) 274-3551

CR2E034 (12/95)