

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 AM 11: 36

DOCUMENT # **J46582** (9)

1. Corporation Name  
**MONUFAIR INVESTMENTS, INC.**

Principal Place of Business	Mailing Address
% FRED C. BAMMAN, III 2189 S.E. 9TH STREET POMPAÑO BEACH FL 33062	% FRED C. BAMMAN, III 2189 S.E. 9TH STREET POMPAÑO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/04/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0002532		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BAMMAN, FRED C. III</b> <b>2189 S.E. 9TH STREET</b> <b>POMPAÑO BEACH FL 33062</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGG, ERNST	1.2 NAME	
STREET ADDRESS	9490 VADUZ, LET. #10	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIECHTENSTEIN	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIGG, ANNMARIE	2.2 NAME	
STREET ADDRESS	9490 VADUZ, LET. #10	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIECHTENSTEIN	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAMMAN, FRED C. III	3.2 NAME	
STREET ADDRESS	2189 S.E. 9TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPAÑO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, JESSE F.	4.2 NAME	V.P.
STREET ADDRESS	2020 E. COMMERCIAL BLVD	4.3 STREET ADDRESS	Cole, Roger
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	2929 E. Commercial Blvd. Ft. Lauderdale, FL 33308
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/95

Date

Daytime Phone #