

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90087 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S16862

1. Corporation Name
MONTEFEL, INC.



Principal Place of Business 16932 SW 5 WAY FT LAUDERDALE FL 33326 US	Mailing Address 1304 SW 160 AVE STE 2170 FT LAUDERDALE FL 33326 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1990

2. Principal Place of Business 21 16932 S.W. FIFTH WAY Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 WESTON, FLORIDA	27 City & State 28
24 Zip 33326 25 Country U.S.A.	29 Zip 30 Country

4. FEI Number 65-0242107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MONTEFEL, MARTIN
16932 SW 5 WAY
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEFEL, MARTIN	1.2 NAME	MONTEFEL, MARTIN
STREET ADDRESS	16932 S W 5 WAY	1.3 STREET ADDRESS	16932 S.W. FIFTH WAY
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	WESTON, FL 33326
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEFEL, DIANA, B	2.2 NAME	MONTEFEL, DIANA B.
STREET ADDRESS	16932 S W 5 WAY	2.3 STREET ADDRESS	16932 S.W. FIFTH WAY
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	WESTON, FL 33326
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, STEVEN M.	3.2 NAME	GETZ, STEVEN M.
STREET ADDRESS	2080 NE 27 ST	3.3 STREET ADDRESS	6707 N.W. 81 COURT
CITY-ST-ZIP	LIGHTHOUSE POINT FL	3.4 CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBLATT, MELISSA M	4.2 NAME	GREENBLATT, MELISSA M.
STREET ADDRESS	110 COYLE ST	4.3 STREET ADDRESS	17 GLECKER ROAD
CITY-ST-ZIP	PORTLAND ME	4.4 CITY-ST-ZIP	PORTLAND, MAINE 04103
TITLE	<input type="checkbox"/> DELETE	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	<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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *Martin Montefel* **REQUIRED** Date: **4/6/99** Daytime Phone #: **954-389-0430**

CR2E034 (11/98)