

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V01738

1. Corporation Name
CSM-MONENCO, INC.

Principal Place of Business

14100 58TH ST. NORTH
CLEARWATER FL 33760

Mailing Address

14100 58TH ST. NORTH
CLEARWATER FL 33760

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

QUAKENBUSH, MICHAEL P
14100 58TH STREET NORTH
CLEARWATER FL 33760

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

Signature, typed or printed name of registered agent and then it applicable

(If the Registered Agent is a corporation, print the name of the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE DST [] DELETE
NAME QUACKENBUSH, MICHAEL P.
STREET ADDRESS 14100 58TH ST. NORTH
CITY-ST-ZIP CLEARWATER FL

TITLE CD [] DELETE
NAME FEENEY, J.E.
STREET ADDRESS 2045 STANLEY ST.
CITY-ST-ZIP MONTREAL, QUEBEC, CAN

TITLE V [] DELETE
NAME LEGAULT, G J
STREET ADDRESS 2010 WINSTON PARK DRIVE
CITY-ST-ZIP OAKVILLE, ONTARIO

TITLE PD [] DELETE
NAME BROWN, R.W. [] ADDITION
STREET ADDRESS 14100 58TH ST. N
CITY-ST-ZIP CLEARWATER, FL

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE [] Change [] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 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)(d), 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: *Michael P. Quakenbush* 5/14/99 (322) 539-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

59 MAY 14 PM 1:24

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1991

4. FEI Number

13-3639835

Applied For
Not Applicable

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 owes the current year Intangible
Personal Property Tax

☐

Yes No

10. Name and Address of New Registered Agent

CR2E034 (11/98)