

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 11:49

DOCUMENT # **738017** (3)
1. Corporation Name
MONACO G ASSOCIATION, INC.

Principal Place of Business: **C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487**
Mailing Address: **C/O PRIME MANAGEMENT GROUP, INC. 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/07/1977	3a. Date of Last Report 03/24/1994
4. FEI Number 59-1742372	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent RAIBLE, RONALD 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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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

Signature of the person filing this report as registered agent for the corporation. (Required) Signature of the person filing this report as registered agent for the corporation. (Required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE P	NAME LONGO, PHILIP STREET ADDRESS KINGS PT. MONACO G 304 CITY, ST, ZIP DELRAY BEACH FL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	11 NAME
TITLE V	NAME BEEFERMAN, MORRIS STREET ADDRESS KINGS PT. MONACO G 327 CITY, ST, ZIP DELRAY BEACH FL	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	21 NAME Kischer, Arthur 22 STREET ADDRESS 394 Monaco G 23 CITY, ST, ZIP Delray Bch. FL 33446
TITLE S	NAME ROSEN, MILDRED STREET ADDRESS KINGS PT. MONACO G 289 CITY, ST, ZIP DELRAY BEACH FL	31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	31 NAME Sardiner, Dorothy 32 STREET ADDRESS 324 Monaco G 33 CITY, ST, ZIP Delray Bch. FL 33446
TITLE TD	NAME KORLATH, ELEANOR STREET ADDRESS KINGS PT. MONACO G 330 CITY, ST, ZIP DELRAY BEACH FL	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	41 NAME
TITLE D	NAME GREENSTEIN, ABE STREET ADDRESS KINGS PT. MONACO G 332 CITY, ST, ZIP DELRAY BEACH FL	51 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	51 NAME Buckwith, Judy 52 STREET ADDRESS 394 Monaco G 53 CITY, ST, ZIP Delray Bch. FL 33446
TITLE D	NAME BUCKMAN, JACK STREET ADDRESS MONACO G 298 CITY, ST, ZIP DELRAY BEACH FL	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 NAME

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 119.07(6)(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 617, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip D. Longo*
SIGNATURE AND TITLE OF PRINTED NAME OF THE REGISTERED AGENT OR DIRECTOR

3/13/95 (407) 495-1836
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