

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 02/07/1977
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1742372
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: City & State
24: Zip, Country
26: Suite, Apt. #, etc.
27: City & State
28: City & State
29: Zip, Country
30: Zip, Country

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P LONGO, PHILIP KINGS PT. MONACO G 304 DELRAY BEACH FL	1.1 TITLE	AGENT RAIBLE, RONALD 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 3387
NAME	V FISCHER, ARTHUR 296 MONACO G DELRAY BEACH FL	1.2 NAME	
STREET ADDRESS	S GARDINER, DOROTHY 324 MONACO G DELRAY BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	TD KORLATH, ELEANOR KINGS PT. MONACO G 330 DELRAY BEACH FL	1.4 CITY-ST-ZIP	
	D BLACKMAN, JUDY 294 MONACO G DELRAY BEACH FL	2.1 TITLE	600001008176 -05/06/96--01016--004 ***857.50
	D BUCKMAN, JACK MONACO G 298 DELRAY BEACH FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	D BEETERMAN, MORRIS 327 MONACO G
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	D FELD, MARCEL 302 MONACO G
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 119.07(3)(k), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip D. Longo* Date: 3/28/96 Day/Time Phone: 997 4045

CR2E037 (12/95)