

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

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

04-09-1999 90087 005 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1990

4. FEI Number

65-0242107

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

2. Principal Place of Business

21 16932 S.W. FIFTH WAY

Suite, Apt. #, etc.

22

23 WESTON, FLORIDA

24 33326 25 U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MONTEFEL, MARTIN

STREET ADDRESS 16932 S W 5 WAY

CITY-ST-ZIP PLANTATION FL

TITLE D ☐ DELETE

NAME MONTEFEL, DIANA B

STREET ADDRESS 16932 S W 5 WAY

CITY-ST-ZIP PLANTATION FL

TITLE D ☐ DELETE

NAME GETZ, STEVEN M.

STREET ADDRESS 2080 NE 27 ST

CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE D ☐ DELETE

NAME GREENBLATT, MELISSA M

STREET ADDRESS 110 COYLE ST

CITY-ST-ZIP PORTLAND ME

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

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME MONTEFEL, MARTIN

1.3 STREET ADDRESS 16932 S.W. FIFTH WAY

1.4 CITY-ST-ZIP WESTON, FL 33326

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME MONTEFEL, DIANA B.

2.3 STREET ADDRESS 16932 S.W. FIFTH WAY

2.4 CITY-ST-ZIP WESTON, FL 33326

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME GETZ, STEVEN M.

3.3 STREET ADDRESS 6707 N.W. 81 COURT

3.4 CITY-ST-ZIP PARKLAND, FL 33067

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME GREENBLATT, MELISSA M.

4.3 STREET ADDRESS 17 GLECKER ROAD

4.4 CITY-ST-ZIP PORTLAND, MAINE 04103

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0308077