

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 190209 (7)
1. Corporation Name
MONTICELLO ENTERPRISES INC



Principal Place of Business Mailing Address
3350 A1A
PO BOX 1117
VERO BEACH FL 32961
3350 A1A
PO BOX 1117
VERO BEACH FL 32961

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	01/04/1956	05/01/1995
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	98-0019147	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	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

9. Name and Address of Current Registered Agent
COLLINS, BROWN & CALDWELL, CHARTERED
756 BEACHLAND BLVD.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
FL	

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 607.0605, Florida Statutes.

SIGNATURE

(Signature of person performing duties of registered agent in the State of Florida)

(Only if Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	☐ Change ☐ Addition
NAME	RATHBUN, R L	1.2 NAME	
STREET ADDRESS	3350 A1A	1.3 STREET ADDRESS	
CITY-STATE-ZIP	VERO BCH, FL 00000	1.4 CITY-STATE-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	OUGHTRED, G F	2.2 NAME	
STREET ADDRESS	1900 ST W STE 245	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MISSISSAUGA, ONT CAN00000	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 supplement 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.

SIGNATURE:

Ronald L Rathbun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1-19-96 407-231-5728

CR2E034 (12/95)