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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 465637 (7)

1. Corporation Name
MONTEMAR, INC.

Principal Place of Business	Mailing Address
421 NORTH DIXIE HWY. P.O. BOX 1378 LAKE WORTH FL 33460	421 NORTH DIXIE HWY. P.O. BOX 1378 LAKE WORTH FL 33460-1378

3. Date Incorporated or Qualified: 11/27/1974
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business	2a. Mailing Address
21 128 Yale Drive	26 P. O. Box 1378
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake Worth, FL	City & State 28 Lake Worth, FL
Zip 24 33460 Country 25 USA	Zip 29 33460 Country 30 USA

4. FEI Number: 59-1654350 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FABLE, JOHN L.
421 N. DIXIE HIGHWAY
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent
81 Name: Fable, John L.
82 Street Address (P.O. Box Number is Not Acceptable): 128 Yale Drive
83
84 City: Lake Worth FL 85 Zip Code: 33460

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] John L. Fable DATE May 13, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: FABLE, JOHN L STREET ADDRESS: 421 NO DIXIE CITY-ST-ZIP: LAKE WORTH, FL 00000	☐ DELETE	PD Fable, John L. 128 Yale Drive ~~Lake Worth, FL 33460~~	☒ Change ☐ Addition
TITLE: SD NAME: NIKANDER, M E STREET ADDRESS: 421 NO DIXIE CITY-ST-ZIP: LAKE WORTH, FL 00000	☐ DELETE	M. E. Nikander 128 Yale Drive Lake Worth, FL 33460	☒ Change ☐ Addition
TITLE: VD NAME: LAMMI, EDWIN STREET ADDRESS: 1 DUKE DRIVE CITY-ST-ZIP: LAKE WORTH, FL 00000	☐ DELETE		☐ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition
	☐ DELETE		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] John L. Fable Mar 13, 1997 561-588-3368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0327116