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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

628051

(5)

MONA	HCH HOMES OF FLOHIDA											
Principal Place	of Business	Mailing Add	ress				I IODSHO BINGO 1181	)) 1 <b>0</b> 111 <b>0010</b> 1 <b>0</b> 450		JOI TERNE BIBIL	AIGII BIBII KABI	
7120 S. BEN SARASOTA US			7120 S. BENEVA ROAD SARASOTA FL 34238									
us		03					3. Date Incorporated 06/29/1979	or Qualified		of Last Re 3/09/199		
2. Principal Pla	ace of Business	2a. Mailing A	2a. Mailing Address 26				4. FEI Number 58-136906	4. FEI Number Applied For 58-1369066 Not Applicat				
Suite, Apt.	#, etc.	Suite, Ar	Suite, Apt. #, etc.				5. Certificate of Statu	s Desired	\$8.75 Additional Fee Required			
City & State	•	Oity & S	tate				6. Election Campaign	_			May Be	
Zip	Country	Zip		Cot	intry		8. This corporation h		intanoible ta			
24	25	29		30			Florida Statutes		□ No			
<u></u>	9. Name and Address of Curre		ent	<del></del>	l		10. Name and Addre	ss of New R	egistered.	Agent		
		<del>, , , , , , , , , , , , , , , , , , , </del>			81	Namh						
PESHK	IN, JOHN R				82	Stroot A	ddress (P.O. Box Number is	Not Acceptab	- Le			
	. BENEVA ROAD						agroup in the point from the	35 F. C. Box Holling to Hot Hoodplane,				
SARAS	OTA FL 34238				83							
					84	City			FL.	85 Zip	Code 4238	
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, F	lorida Statute	s, the ab	JJ ove-n	amed co	poration submits this stateme	ent for the pur	pose of cha	anging its re	egistered office	
or register	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change	was authorize	d by the	corp	oration's I	poard of directors. Thereby ac	cept the app	ointment as	registered	agent. I am	
	th, and accept the obligations of, Sec	:tion 607.0303, Fid	nua Statutes.						3/	27/91		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title 1 applicable	TO(1)	E: Registere	d Agen	t signature re	pired when reinstating		DATE	KITIP		
12.		ND DIRECTORS		13.			ADDITIONS/CHAN	GES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TITLE	PD		) DELETE	: 11	TITLE				į	Change	Addition	
NAME	PESHKIN, JOHN			121	IAME		Peshkin, John	R.				
STREET ADDRESS	7120 S. BENEVA ROAD			1.3 9	TREET	ADDRESS	1001111211, 001111	•••				
CITY-ST-ZIP	SARASOTA FL 34238			1.4 (	ITY-S	T-ZIP		***				
TITLE	CD		) DELETE	2 1	TITLE				[	Change	Addition	
NAME	LATIMER, E. JOHN			2.21	IAME							
STREET ADDRESS	2025 SHEPPARD AVE. EAS			235	TREET	ADDRESS						
C:TY-ST-ZIP	WILLOWDALE ONTARIO CA			240	HTY-S	T - ZIP	······································		<del></del>			
1ITLE	TD		] DELETE	3.1	TITLE				[	☐ Change	☐ Addition	
NAME	JOHNSTON, BRIAN K			321	IAME	ļ						
STREET ADDRESS	2025 SHEPPARD AVE. EAS			3 3.	STREET	ADDRESS						
CITY-ST-ZIP	WILLOWDALE ONTARIO CA				JITY-S	I-ZIP			····	<b>77</b> 0	<b>–</b>	
TITLE	\$		) DELETE	4 1	TITLE		S/Director		1	K Change	Addition	
NAME	GEORGE, DAVID A	T ALITE 455			NAME							
STREET ADDRESS	2025 SHEPPARD AVE. EAS					ADDRESS						
CITY-ST-ZIP	WILLOWDALE ONTARIO CA		3 be ex		CITY-S	ST - ZIP					RM 6337	
TITLE			) DELETE		TITLE		VP		· ·	☐ Change	X Addition	
NAME					NAME	Į	Kathryn B. Cla					
STREET ADDRESS				5.3	STREET	ADDRESS	7120 S. Beneva					
CITY-ST-ZIP			7 651 575		_	ST - ZIP	Sarasota, FL				E Ame	
THLE			] DELETE		TITLE		Assistant Sect	retary		Change	Addition	
NAME					NAME		J. L. Whelan	A 1200110	Paa+	C+^	1201	
STREET ADDRESS						ADDRES\$	2025 Sheppard			, ate.	1201	
0177 01 310	1			6.4	י עדוי	T. 7IP	Willowdale Ont	cario Ca	anada			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). Floricla 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

SIGNATURE

Determine Proces

Determine Type on Printed NAME of SIGNING OFFICER OR DIRECTOR

TEO NAME OF SIGNING OFFICER OR DIRECTOR