

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra A. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 660786
 1. Corporation Name
MONARCH DESIGNERS, INC

Principal Place of Business Mailing Address
1451 S.W. 3rd STREET
BOCA RATON, FL 33486-4429

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 3/26/80	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1990109		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DENISE ARGENTI 1451 SW 3rd STREET BOCA RATON, FL 33486		11 Name 12 Street Address (P.O. Box Number is Not Acceptable) 13 14 City 15 FL 16 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / VICE PRESIDENT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DENISE ARGENTI	12 NAME	
STREET ADDRESS	1451 SW 3rd STREET	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	☐ Change ☐ Addition

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*****150.00**

14. I hereby certify that the information submitted with this form does not duplicate the information stated in Section 119.07(3)(b), Florida Statutes, and that the information is true and accurate and that my signature shall have the same legal effect as the signature of the registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Denise Argenti, President

4/30/98