

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 663929

1. Corporation Name

MONTY INC

Principal Place of Business

Mailing Address

**500 N.E. Spanish River # 28A
Boca Raton,
Florida 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

1/23/80

3a. Date of Last Report

1994

4. FEI Number

59-196361Y

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZENAIA ALCIA
11770 W. GOLF DR
MIAMI, FL 33167**

81 Name

EUGENE J. SADKOWSKI

82 Street Address (P.O. Box Number is Not Acceptable)

500 N.E. SPANISH RIVER

83

#28A

84 City

BOCA RATON

FL

85 Zip Code

33431

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 607.0506, Florida Statutes.

SIGNATURE

Eugene J. Sadkowski

Eugene Sadkowski

3/17/95

Signature, typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

NAME

MICHAEL MONTRICHARD

STREET ADDRESS

500 N.E. SPANISH RIVER #28A

CITY - ST - ZIP

BOCA RATON, FL 33431

TITLE

D/S

NAME

Gene Montrichard

STREET ADDRESS

500 N.E. Spanish River, #28A

CITY - ST - ZIP

Boca Raton, Florida 33431

TITLE

D/V

NAME

Patrick Montrichard

STREET ADDRESS

500 N.E. Spanish River # 28A

CITY - ST - ZIP

Boca Raton, FL 33431

TITLE

D/T

NAME

David Montrichard

STREET ADDRESS

500 N.E. Spanish River, # 28A

CITY - ST - ZIP

Boca Raton, Florida 33431

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or any voluntary 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:

Michael Montrichard

Michael Montrichard

March 27, 1995

407 368 1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number