

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F55733

1. Corporation Name

MONTI DISTRIBUTING CO.

Principal Place of Business

~~676 RAYMOND MONTI~~
1052 N.W. 53RD STREET
FT. LAUDERDALE FL 33309

Mailing Address

~~676 RAYMOND MONTI~~
1052 N.W. 53RD STREET
FT. LAUDERDALE FL 33309

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90132 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1981

4. FEI Number

59-2141598

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MONTI, RAYMOND
1052 N.W. 53RD STREET
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81

Name

LEE MONTI

82

Street Address (P.O. Box Number is Not Applicable)

1052 N.W. 53RD STREET

83

City

FT LAUDERDALE FL 33309

84

State

FL

85

Zip

33309

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

Lee Monti

LEE MONTI

2-04-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ DELETE

NAME **MONTI, RAYMOND**
STREET ADDRESS **2367 N. W. 64TH STREET**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **SD** ☐ DELETE

NAME **MONTI, LEE**
STREET ADDRESS **2367 N. W. 64TH STREET**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Lee Monti* **LEE MONTI**

Date

Daytime Phone #

2-04-99 954-772-4424

CR2E034 (1/98)