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 # F78345

MONTEREY HARDWARE, INC.

Principal Place of Business

Mailing Address

3035 S.W. MARTIN DOWNS BLVD.

3035 S.W. MARTIN DOWNS BLVD. PALM CITY FL 34990

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90115 050 ***150.00

PALM CITT PL 34990		PALM (411 FL 34330		DO NOT WRITE IN THIS SPACE					
		•			3. Date Incorporated or Qualifed			·	
				1	04/30/1982				
2. Principal Pl	ace of Business BLYC			DLVI			Aţ	oplied For	
211 302	7 SW. MARTIN DOW	NES 3027 S.W. M	MARY	IN DDW			No.	ot Applicable	ĺ
Suite, Apt. :		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired	-
City & State City & State					6. Election Campaign Financing		\$5.00	May Be	
23 PAM CITY FL. 28 PALM C			TY	, FL.	Trust Fund Contribution			to Fees	ļ
Zip	Country	Zip	Country	·	8. This corporation owes the curre	ent year Inta	ngible		
24 7 4 9	9() 25	29 3499D 30]		Personal Property Tax.		Yes	₽ No	}
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered A	gent		1
			81	Name					ļ
VESF		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)			1	
	SW SOUTH RIVER DR., #206								
STU	ART FL 34997	· ·	83						ļ
			84	City		FL	85 Zip	Code	
11 Dureusati	to the provisions of Sections 607.0502	and 607 1508: Florida Statutes	the abov	e-named corr	poration submits this statement for the	nurnose of o	hanging its	registered	l
. office or re	egistered agent, or both, in the State of	f Florida. Such change was auth	orized by	the corporati	on's board of directors. I hereby accep	t the appoin	tment as re	egistered	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes		A Commence of the Commence of				ł
SIGNATURE	Signature, typed or printed name of registered agent	and title if amplicable. (NOTE: Ren	gistered Age	nt signature require	ed when reinstating)	DATE	F. C		ية ا
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TITLE	PVTS	☐ DELETE	1.1 TITLE				Change	Addition	1
NAME	VESPER, DOUGLAS E		1.2 NAME						3
STREET ADDRESS	181 SW S RIVER DR #206		1.3 STREE	TADDRESS					Ì
CITY-ST-ZIP	STUART FL		1.4 CITY+ST-ZIP						l ñ
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NAME			22 NAME		•				1
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TITLE			3.1 TITLE				Change	Addition	Ì
NAME			3.2 NAME	ĺ					
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CITY-ST-ZIP		· .	5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			• •	Change	☐ Addition	ĺ
NAME]			6.2 NAME						{
STREET ADDRESS			6.3 STREE	TADDRESS					ł
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					

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: \