

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90089 009 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F97000005367

1. Corporation Name
MONARCH IMPORT COMPANY

Principal Place of Business
**55 E. MONROE ST.
 CHICAGO IL 60603**

Mailing Address
**55 E. MONROE ST.
 CHICAGO IL 60603**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

3. Date Incorporated or Qualified
10/13/1997

4. FEI Number
36-3539106

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, ELLIS M	
STREET ADDRESS	69 PARK AVE.	
CITY-ST-ZIP	GLENCOE IL 60022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERK, ALEXANDER L	
STREET ADDRESS	491 WASHINGTON AVE.	
CITY-ST-ZIP	GLENCOE IL 60022	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	POWERS, RAYMOND E	
STREET ADDRESS	4208 HAMPTON	
CITY-ST-ZIP	WESTERN SPRINGS IL 60558	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RYAN, JAMES P	
STREET ADDRESS	112 HUDSON CT.	
CITY-ST-ZIP	NAPERVILLE IL 60565	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KUTYLA, ELIZABETH Y	
STREET ADDRESS	630 W. WRIGHTWOOD, #4E	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HIRSCH, DONALD S	
STREET ADDRESS	850 S. BIRCHWOOD DR.	
CITY-ST-ZIP	LOS ANGELES CA 90024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM HACKETT	
1.3 STREET ADDRESS	242 MONTCLAIR AVE.	
1.4 CITY-ST-ZIP	GLEN ELLYN, ILL 60137	
2.1 TITLE	PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERK, ALEXANDER	
2.3 STREET ADDRESS	491 WASHINGTON	
2.4 CITY-ST-ZIP	GLENCOE, ILL 60022	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: *Donna S. Hirsch* **REQUIRED** TREASURER 1/15/99 312-346-9200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)