

07071999-90003-046-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 06/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

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

FILED

99 JUL 16 PM 4:56

DOCUMENT # F97000006278

1. Corporation Name

MONOCLE MANAGEMENT LTD., INC.

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business

 1040 BAYVIEW DR. STE 528
 FORT LAUDERDALE FL 33304-2532

Mailing Address

 1040 BAYVIEW DR. STE 528
 FORT LAUDERDALE FL 33304-2532

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

11/26/1997

4. FEI Number

52-0824985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation owes the current year Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

 PARZYGNAT, LINDA
 1800 SE 17TH STREET, STE 404
 FORT LAUDERDALE FL 33318

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

 PCO
 SINKOWITZ, LOREN
 1040 BAYVIEW DR., STE 528
 FORT LAUDERDALE FL
☐

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

 VSD
 SINKOWITZ, JUDY
 1040 BAYVIEW DR., STE 528
 FORT LAUDERDALE FL
☐

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐

DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐

Change

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Addition

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Change

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Addition

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Change

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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 appointed 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

SIGNATURE:

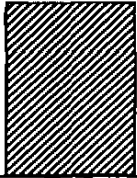
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



Monocle Management Ltd.®
"We Watch Your Property"

July 13, 1999

Mr. Lee Yarborough
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Yarborough:

I am enclosing a copy of my late filing application and my letter dated June 30, 1999.

We are a new company to Florida and did not receive the original filing form, but did receive the 2nd request which was paid immediately.

The entire lobby of this office building has been under renovation since early 1999. For a period of time even the mail service was interrupted to the tenants. This is the only explanation I can think of as to why the first form was not received. The cause could be any number of things, but one of them is definitely not the fault of this office. We are a small company whose invoices are paid promptly. We certainly would not be delinquent with any government form especially one that carries such a large penalty.

I would appreciate your waving this extremely high penalty as Monocle Management was not negligent by purposely filing late.

Thank You,

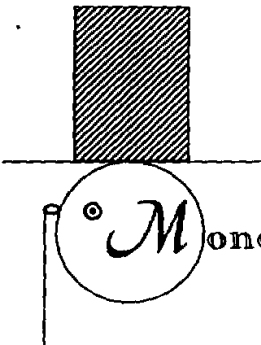
Dr. Loren Sinkowitz, CPM
President

Enc(1)
DLS/bk



MONOCLE BUILDING
BETHESDA, MARYLAND 20814
TELEPHONE (301) 986-9400

BAYVIEW BUILDING
FORT LAUDERDALE, FLORIDA 33304
TELEPHONE (954) 563-5808
FAX (954) 563-7017



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FAX (954) 563-7017

June 30, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Filing of 1999 Profit Corporation Annual Report
Document #97000006278
FEI Number 52-0824985

Dear Sir/Madam,

Please be advised that we did not receive our packet for filing our 1999 Profit Corporation Annual Report until today (6/30/99).

It is not our policy to file any late reports, or be subject to late fines. In 1998 we paid our fee on February 3. When we receive correspondence, it is our policy to handle it on a daily basis, therefor eliminating any chance of default. Due to our not receiving our first filing notice, we are enclosing a check to cover the regular filing fee with the understanding that there is no fault on either part.

Sincerely,

Dr. Loren Simkowitz,



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 7, 1999

MONOCLE MANAGEMENT LTD., INC.
1040 BAYVIEW DR., STE 528
FORT LAUDERDALE, FL 33304-2532

SUBJECT: MONOCLE MANAGEMENT LTD., INC.

Ref. Number: F97000006278

Please be advised, we have received your Annual Report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

*Erlynn
Arce*

850-487 6056 X 2

ANNUAL REPORTS SECTION

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