

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90002 011 \*\*\*150.00

DOCUMENT # **G00963** ✓

1. Corporation Name

**MONCO SALES CORPORATION**

Principal Place of Business

Mailing Address

**4420 METRIC DR  
WINTER PARK FL 32792**

**4420 METRIC DR  
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/22/82**

2. Principal Place of Business

2a. Mailing Address

**21 4501 N. LANDMARK DR**

**25 4501 N. LANDMARK DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 ORLANDO FL**

**28 ORLANDO FL**

Zip

Country

Zip

Country

**24 32817**

**25 USA**

**29 32817**

**30 USA**

4. FEI Number

**59-2314187**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POTCHEN, THOMAS M.  
4420 METRIC DR  
WINTER PARK FL 32792**

81 Name

**POTCHEN, THOMAS M.**

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

**4501 N. LANDMARK DR**

83

84 City

**ORLANDO**

**FL**

85 Zip Code  
**32817**

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

**TH POTCHEN**

**TH POTCHEN**

**6-28-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **POTCHEN, THOMAS M.**  
STREET ADDRESS **4420 METRIC DR**  
CITY-ST-ZIP **WINTER PARK FL**

1.1 TITLE **DP** ☐ Change ☐ Addition  
1.2 NAME **POTCHEN, THOMAS M.**  
1.3 STREET ADDRESS **4501 N. LANDMARK DR**  
1.4 CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **DST** ☐ DELETE  
NAME **POTCHEN, JESSIE**  
STREET ADDRESS **4420 METRIC DR**  
CITY-ST-ZIP **WINTER PARK FL**

2.1 TITLE **DST** ☐ Change ☐ Addition  
2.2 NAME **POTCHEN, JESSIE**  
2.3 STREET ADDRESS **4501 N. LANDMARK DR**  
2.4 CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**TH POTCHEN**

**THOMAS M. POTCHEN**

**6-28-99**

**407-671-1964**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

G00963  
581611-90002-11

## Monco Sales Corporation

4501 North Landmark  
Orlando, Florida 32817  
407-671-6065

June 28, 1999

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

I attach our Corporation Annual Report and check in the amount of \$150.00. I recognize that this is after May 1, but wish to point out the change of address that is shown in the report. I believe that to be the reason that we have not either received the proper preprinted form and responded in a timely manner. Frankly, we would not have discovered this error except through a casual paper review in our company.

I trust that this meets with your approval and will suffice for this year.

Sincerely,



Tom Potchen  
President