


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

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J16425** (7)  
1. Corporation Name  
**MON PLAISIR TRADING CO., INC.**



Principal Place of Business <b>% CORNELIS DEMILDT 1220 BENT OAK TRAIL 990 Westridge Dr. ALTAMONTE SPRINGS FL 32714 DEBARY FL 32713</b>	Mailing Address <b>% CORNELIS DEMILDT 1220 BENT OAK TRAIL 990 Westridge Dr. ALTAMONTE SPRINGS FL 32714 DEBARY FL 32713</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>05/27/1986</b>	4. FEI Number <b>59-2681868</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>DEMILDT, CORNELIS 1220 BENT OAK TRAIL 990 Westridge Drive ALTAMONTE SPRINGS FL 32714 DEBARY FL 32713</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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  
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 <input type="checkbox"/> DELETE NAME <b>P</b> STREET ADDRESS <b>DEMILDT, CORNELIS</b> CITY-ST-ZIP <b>1220 BENT OAK TRAIL 990 Westridge Drive ALTAMONTE SPRINGS FL 32714 DEBARY FL 32713</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME <b>V</b> STREET ADDRESS <b>DEMILDT, CORNELIA</b> CITY-ST-ZIP <b>1220 BENT OAK TRAIL 990 Westridge Drive ALTAMONTE SPRINGS FL 32714 DEBARY FL 32713</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME <b>S</b> STREET ADDRESS <b>DEMILDT, JOHANNES C.R.K.</b> CITY-ST-ZIP <b>1800 SNOOK DRIVE DELTONA FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME <b>T</b> STREET ADDRESS <b>DEMILDT, CORNELIS</b> CITY-ST-ZIP <b>1220 BENT OAK TRAIL 990 Westridge Drive ALTAMONTE SPRINGS FL 32714 DEBARY FL 32713</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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.

SIGNATURE  3/12/1998 904-851-0087

CR2E034 (10/97)