

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:28

DOCUMENT # J61683 (5)

1. Corporation Name
MONARCH MARKETING, INC.

| | |
|--|--|
| Principal Place of Business 1022 MAIN ST SUITE K DUNEDIN FL 34698-5225 | Mailing Address 1022 MAIN ST SUITE K DUNEDIN FL 34698-5225 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/09/1987 | 3a. Date of Last Report 05/01/1994 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 21 7301 Northwest 4th St. | 2a. Mailing Address 26 7301 North West 4th St. |
| Suite, Apt. #, etc. 22 Suite 109 | Suite, Apt. #, etc. 27 Suite 109 |
| City & State 23 Plantation, FL | City & State 28 Plantation FL |
| Zip 24 33317 | Country 25 USA |
| Zip 29 33317 | Country 30 U.S.A. |

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2778111 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**DAVIS, LOGAN
1022 MAIN ST
SUITE K
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| | |
|---|--------------------------------|
| TITLE P | NAME DAVIS, LOGAN G. |
| STREET ADDRESS 1825 LA GRANDE DRIVE | |
| CITY - ST - ZIP DUNEDIN FL | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|---|
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME |
| 1.3 STREET ADDRESS |
| 1.4 CITY - ST - ZIP |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME |
| 2.3 STREET ADDRESS |
| 2.4 CITY - ST - ZIP |
| 3.1 TITLE <input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Logan G Davis **LOGAN G DAVIS**

4/6/95

305-921-5406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #