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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	K45411
1. Corporation Name	144041

MONTICELLO ARMS, INC.

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90099 031 \*\*\*150.00



Principal Place	of Business	Mailing Address						
901 JEFFERSON AVENUE 901 JEFFERSON AVENUE MIAMI BCH, FL 33139 MIAMI BCH. FL 33139								
		-				DO NOT WRITE IN THIS SE	PACE	
						3. Date Incorporated or Qualifed		l
-	. •					11/15/1988		
2. Principal Pl	ace of Business	2a. Mailing Address	<del></del>			4. FEI Number	A	oplied For
21	•	26				65-0085841	No	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22	,	27				5. Certifcate of Status Desired	Fee Re	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
·		28				Trust Fund Contribution	•	to Fees
23 Zip			ntrv		8. This corporation owes the current year Intangible			
`			30	,	Personal Property Tax.			□No
24	9. Name and Address of Current	29 Segistered Agent	30)			10. Name and Address of New Registered Age		
	3. Name and Address of Corrent	Kedistered Vdant	—— <del>-</del>	81	Name	The file of the fi		
DISE	r, Jefre		]	٠.	110,1110	Section 1		
	JEFFERSON AVE., APT A			82 Street Address (P.O. Box Number is Not Acceptable)				
			1			A STATE OF THE STA		
MIAI	MI.BEACH 33139			83				ļ
, ,, , , , ,			į.	84	City		85 Zip	Code
					•	FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	itutes, the ab	ove-	named corp	oration submits this statement for the purpose of cha	anging its	registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change wa	s authorized	טין נו	ne corporatio	on's board of directors. I hereby accept the appointment	ieni as re	egistered
	in familial with and accept the congul	5/18 5/1, 000/10/1 55/1 55/1						1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered /	Agent e	signature required	d when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
TITLE	DP	· DELETE	1.1 ΠΠ	LE			] Change	☐ Addition
NAME	NORTON, KIM		1.2 NA	ME	}			ł
STREET ADDRESS	5904 TWIN LAKES DR.		13.57	REET A	NDORESS .			ļ
	SO. MIAMI FL		1.4 CIT					
CITY-ST-ZIP TITLE	DS DS	☐ DELETE	2.1 TIT		-11		Change	☐ Addition
	= · .					_	_ •	
NAME (	RISER, JEFRE T.	•	2.2 NA			•		1
STREET ADDRESS	901 JEFFERSON AVE., A	•			NODRESS			ļ
CITY-ST-ZIP	MIAMI BCH. FL		2. 4 CI		ZIP	<u> </u>	Change	Addition
TITLE		☐ DELETE			Ì	·	T change	CJAddilon
NAME	•		3.2 NA	ME	- 1			
STREET ADDRESS	; <del>-</del>		3.3 STF	REETA	NDORESS			Į
CITY-ST-ZIP			3.4. CI	tY∙ST-	- ZIP			
TITLE		☐ DELETE	4.1 TIT	LE	ĺ		Change	☐ Addition
NAME	•		4.2 NA	WE	{			
STREET ADDRESS	' <u>.</u>		4.3 STF	REETA	ADDRESS .			
CITY-ST-ZIP	'		4.4 CIT	Y-ST-	ZIP			Į.
TITLE		DELETE	5.1 TIT				Change	Addition
NAME			5.2 NA		ļ		•	ſ
l i	: 				ADDRESS	•		
STREET ADDRESS	•		5.4 CIT					i
CITY-ST-ZIP	<del></del>	DELETE			<u> </u>		Change	Addition
TITLE	,		1		}		7 originge	Last Muddigott
NAME			6.2 NA					
STREET ADDRESS					ADDRESS			Ì
CITY-ST-ZIP			6.4 CIT	Y-\$T-	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:

SIGNATURE PROTIFED OR PRINTED PARE OF SIGNING OFFICER OR DIRECTOR

305 674 1509