

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K46486** (2)

1. Corporation Name
MONARCH MAINTENANCE COMPANY



Principal Place of Business C/O BLEASER LLOYD & CO/ 1500 SAN REMO AVE #239 CORAL GABLES FL 33146-3047 US	Mailing Address C/O BLEASER LLOYD & CO/ 1500 SAN REMO AVE #239 CORAL GABLES FL 33146-3047 US
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3. Date Incorporated or Qualified 11/21/1988	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business 21 12908 Air Way Street Suite, Apt. #, etc. 22 City & State 23 Panama City, FL Zip 24 32404-2833 Country 25 U.S.A.	2a. Mailing Address 26 12908 Air Way Street Suite, Apt. #, etc. 27 City & State 28 Panama City, FL Zip 29 32404-2833 Country 30 U.S.A.	4. FEI Number 65-0085661 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**HUGHEY, BONNIE J #239
1500 SAN REMO AVE
SUITE 239
CORAL GABLES FL 33146-3047**

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 _____
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 PD	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUNG, DAVID F		1.2 NAME Young, David F.	
STREET ADDRESS 1500 SAN REMO AVE SUITE 245		1.3 STREET ADDRESS 12908 Air Way Street	
CITY-ST-ZIP CORAL GABLES FL 54		1.4 CITY-ST-ZIP Panama City, FL 32404-2833	
TITLE VT	<input type="checkbox"/> DELETE	2.1 TITLE V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUGHEY, BONNIE J.		2.2 NAME Hughey, Bonnie J.	
STREET ADDRESS 1500 SAN REMO AVE #239		2.3 STREET ADDRESS 1500 San Remo Avenue, Suite 239	
CITY-ST-ZIP CORAL GABLES FL 47		2.4 CITY-ST-ZIP Coral Gables, FL 33146-3047	
TITLE VS	<input type="checkbox"/> DELETE	3.1 TITLE V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUNG, JUDITH C.		3.2 NAME Young, Judith C.	
STREET ADDRESS 1500 SAN REMO AVE, STE 245		3.3 STREET ADDRESS 12908 Air Way Street	
CITY-ST-ZIP CORAL GABLES FL 54		3.4 CITY-ST-ZIP Panama City, FL 32404-2833	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 from an appointment with a predecessor.

SIGNATURE:  **David F. Young, President/Director** 3/5/97 (904) 871-3221
Date Daytime Phone #

CR2E034 (9/96)