| CORPC | OFIT DRATION L REPORT | | FLORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State • DIMISION OF CORPORAT | | | | | | |
|---|---|------------|--|---|--|--|---|-----------------------|--------------------------------|
| DOCUMENT # L51710 (6) | | | | | | | | | |
| MONTS | HO BOOKS ETC., INC. | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | |
| 2009 WEST CENTRAL BLVD ORLANDO FL 32805 2009 WEST CENTRAL BLVD ORLANDO FL 32805 | | | | | | | | | |
| ORLANDO PL | 3200 | | | | | | 3. Date Incorporated or Qualified 02/16/1990 | 3a . Da | e of Last Report 06/09/1995 |
| Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number 59-2978782 | | Applied For Not Applicable |
| Suite, Apt. #, | | 26 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | | 27 | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Σιρ | Country | 28 | Z ₁ ç ₁ | | Country 30 | | This corporation has liability for intangible tax under s 199,032, Florida Statutes | | |
| <u> </u> | 9. Name and Address of Cur | | stered Agent | _ L | | , | 10. Name and Address of New | Registere | d Agent |
| | OO FL 32805 | 502 and 6 | 07.1508, Florida Statut | es, the a | 83 84 | City | oration submits this statement for the p pard of directors. Thereby accept the ap | Furpose of construent | banging its registered offi |
| or registere familiar with | d agent, or both, in the State Oir and accept the obligations of, S | Section 60 | .0505, Florida Statutes | 3. | | | ere Lodge (th. S. Stad) | DATE | |
| 8 | Systems (spector protect native of registered) OFFICERS | | | 1 | | | ADDITIONS/CHANGES TO OF | FICERS A | ND DIRECTORS IN 12 |
| 12. | P | | DELETE | 1 | 1 10116 | | | | Change Addition |
| NAME | PERKINS, MELVA J. | | | 1 | 2 NAME | 1 | | | |
| STREET ADDRESS | 1507 LAKE PARK COUP | ₹Т | | | | T ADDRESS | | | |
| | ORLANDO FL 32805 | | CADUETE | | 1 THEF | Si-ZIP | | | ☐ Change ☐ Addition |
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes Ffurther 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 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 certify that 1 am an officer or director of the corporation or the receiver or trusted 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

6.2 NAME

6.3 STREET ADDRESS

6.4 CHY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 (01) 6x9-8881