FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L87245** **(1)**

1. Corporation Name

MONAGHAN CORPORATION

Principal Place of Business	Mailing Address
819 PEACOCK PL. SUITE 593 KEY WEST FL 33040-4255	819 PEACOCK PL. SUITE 593 KEY WEST FL 33040-4255

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.: 516 A Truman Annex	26 Suite, Apt. #, etc.: 516 A Truman Annex
22	27
23 City & State: Key West, FL	28 City & State: Key West, FL
24 Zip: 33040 25 Country	29 Zip: 33040 30 Country

3. Date Incorporated or Qualified: **05/22/1990**

3a. Date of Last Report: **03/20/1995**

4. FEI Number: **65-0192678** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FARRELLY, GREG G
517 WHITEHEAD ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HOLLOWAY, CAROLYN J.		1.2 NAME		
STREET ADDRESS	~~#8 PENINSULAR AVENUE~~		1.3 STREET ADDRESS	516A Truman Annex	
CITY-ST-ZIP	~~KEY WEST FL~~		1.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE	ST	☒ DELETE	2.1 TITLE	ST.	☒ Change ☒ Addition
NAME	~~HOLLOWAY, CAROLYN J.~~		2.2 NAME	Robert Holloway	
STREET ADDRESS	~~# 7 PENINSULAR AVE~~		2.3 STREET ADDRESS	516A Truman Annex	
CITY-ST-ZIP	~~KEY WEST FL~~		2.4 CITY-ST-ZIP	Key West, FL 33040	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Carolyn J. Holloway 3/19/96 305-294-5311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)