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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M97552

(7)

MONARCH ENGINEERED SYSTEMS, INC.

Principal Place of Business
1520 BRAEMOOR LANE DUNEDIN FL 34698
DUNEDIN FL 34698
/

Mailing Address

1520 BRAEMOOR LANE DUNEDIN TL 34698-3211

FILED Feb 11 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 09/08/1988	3a. Date of Last Report 04/22/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	1 4 0 0	4. FEI Number	Applied For	
	LAGOVISTA Blud	26 1598 LAGOU	Ista Blud	59-2915508	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 PAIN HARBOR FL 28 PAI		28 PAIN HAR bo		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 3 468	25 USA	29 34685 30	Country USA		Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	B, STEPHEN J.		81 Name			
1520 BRAEMOOR LANE			82 Street Ad	dress (P.O. Box Number is Not Acceptat	物. 0	
DUNEDIN FL 34698			83 598	LAGO VISTA IS	1100.	
i		ب				
			84 Cipal	n Haeloor	FL 85 Zip Code	
11. Pursuani t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named co	rporation submits this statement for the p		
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, any accept the poligotions of, Section 607.0505, Florida Statutes.						
SIGNATURE. Signature: yield or printed haryful disclered agest and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	DPS	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	KING, STEPHEN J.		1.2 NAME			
STREET ADDRESS	1520 BRAEMOOR LANE		1.3 STREET AODRESS	598 LAGN UISTA B	Ival.	
CITY - ST - ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	598 LAGO VISTA B DAIM HARBOR F	34685	
TITLE	VO	[] DELETE	2.1 TITLE	AIII ANDUIC	Change Addition	
NAME	KING, DOROTHY		2.2 NAME	_	0.1	
STREET ADDRESS	1520 BRAEMOOR LANE		2.3 STREET ADDRESS	SOU LAGO DISTA	Bluck.	
CITY - ST - ZIP	DUNEDIN FL		2. 4 CITY-ST-ZIP	and Hackon t	7, 34685	
TITLE	1	DELETE	3.1 TITL€	Allas Mere do 12	Change Addition	
NAME	KING, STEPHEN J.		32 NAME	/ 2 -	01.0	
STREET ADDRESS	1520 BRAEMOOR LANE		33 STREET ADDRESS	598 HAGO VISTA	MIVOV.	
CITY-S1-ZIP	DUNEDIN FL		3 4. City-St-ZIP	598 LAGO VISTA PAIM HARBOR T 1598 LAGO VISTA PAIM HARBOR, 1	EL. 3485	
TITLE		☐ DELETE	41 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ŧ.	
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		İ	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		· 1	
0111-01-211		th this filling shop and a salified	or the everentian stat	ad in Paction 110 02/2\(i)\ Florida Statuta	o I further portify that the	

— Loc hereby certify that the information supplied with this timing does not quality 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

HONATURE AND TYPED OR PRINTED NAME OF BRONING OFFICER OR DIRECTOR

2-497 813781-1818 Daytime Phone #