

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90192 015 \*\*\*150.00

DOCUMENT # **P40739**

1. Corporation Name

**MONARCH FINANCIAL CORPORATION OF AMERICA**

Principal Place of Business

Mailing Address

**45 ROCKFELLER PLAZA  
3500  
NEW YORK NY 10111  
US**

**45 ROCKFELLER PLAZA  
3500  
NEW YORK NE 10111  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/21/1992**

4. FEI Number

**13-3485881**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 1270 Ave. of the Americas**

**26 Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 3rd Floor**

**27 Same**

City & State

City & State

**23 New York NY**

**28 Same**

Zip

Country

Zip

Country

**24 10020**

**25 US**

**29 Same**

**30 Same**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALDWELL, MANLEY P., JR.  
324 ROYAL PALM WAY  
PALM BEACH FL 33480-4352**

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

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 **DTS** ☐ DELETE  
NAME **CARMINATI, ANTHONY**  
STREET ADDRESS **7004 BLVD E, APT 320**  
CITY-ST-ZIP **GUTTENBERG NJ 07093**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **7004 Blvd East, APT 32D**  
1.4 CITY-ST-ZIP

TITLE **CP** ☐ DELETE  
NAME **DES LONDE, JAMES C.**  
STREET ADDRESS **101 VALLEY DRIVE RD #2**  
CITY-ST-ZIP **MILLSTONE NJ**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **Millstone Twp., NJ 07726**  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **AUERBACH, BRUCE**  
STREET ADDRESS **19 BANGOR STREET**  
CITY-ST-ZIP **STATEN ISLAND NY**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **Staten Island, NY 10314**  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/5/99**

**800-635-7122**

CR2E034 (11/98)