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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000001850**1. Corporation Name

MONACO & ASSOCIATES, INC.

Principal Place	of Business	Mailing Address			1 (801) 991 118 19188 7			
11 ROYAL PALA	J WAY	11 ROYAL PALM WAY						
#204		STE 204			20.	NOT WRITE IN THIS	CDACE	
BOCA RATON F	FL 33432	BOCA RATON FL 33432			3. Date Incorporated or		SPACE	· · ·
US		US			01/04/1993	Qualifed ,		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	-		ied For
21		26			65-0383 163			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		• .	5. Certifcate of Status D	Desired 🗆	\$8.75 Ad Fee Requ	iditional uired
City & State	8 /	City & State		7.	6. Election Campaign F	inancing	\$5.00 M	lay Be
23		28			Trust Fund Contribut	-	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owe	s the current year In	tangible	_
24	25	29	30		Personal Property Ta		☐ Yes 5	MQ
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address	of New Registered	Agent '	
		ALC: CALL	81	Name			-	
	IACO, MICHAEL P	•	82	Street Addres	ss (P.O. Box Number is No	ot Acceptable)		
11 R	OYAL PALM WAY		[0,000,7,00,70	* -a -a : <u>5 </u>	in agriculture of the days	rig speedering	
#204	4	•	83			5. 加速推翻	提出 16 5 5 6	
BOC	A RATON FL 33432		84	City	<u>्रीको सम्बंधिः</u>	FIDAR ENGLAND CAR	85 Zip Co	ide
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						22) 224-h		
office or n confidential a SIGNATURE	to the provisions of Sections 607.050 tegistered agent, or both, in the State im familiar with, and accept the obligations of the state	ations of, Section 607.0505,	Florida Statutes. OTE: Registered Agent s		when reinstating)	DATE		·
िश्चित्र agent. II a	m familiar with, and accept the obligation of registered age	ant and title if applicable. (N	OTE: Registered Agent s		·	DATE	ND DIRECTOR	S IN 12
SIGNATURE	m familiar with, and accept the obligation of registered age	ant and title if applicable.	OTE: Registered Agent s		when reinstating)	DATE		·
SIGNATURE	m familiar with, and accept the obligation of th	ant and title if applicable. (N	OTE: Registered Agent s		when reinstating)	DATE	ND DIRECTOR	S IN 12
SIGNATURE 12.	im familiar with, and accept the obligation of registered age OFFICERS Af	ant and title if applicable. (N	OTE: Registered Agent s 13. 1.1 TITLE	signature required v	when reinstating)	DATE	ND DIRECTOR	S IN 12
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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 of 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 of an attachment without address, with all other like empowered.

SIGNATURE