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

Mailing Address

6333 COLLEGE GROVE WAY

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

101 CENTURY 21 DRIVE

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000048591 (0)**

MONUMENT TRADING COMPANY, INC.

JACKSOPNVILLE FL 32216 SAN DIEGO CA 82115 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 07/06/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3186825 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country B. This corporation owes or has paid the current year Intangible 24 Yes Yes Personal Property Tax due June 30. 25 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent TROMBERG, JEFFREY H Name 3974 WOODCOCK DR. Street Address (P.O. Box Number is Not Acceptable) SUITE 100 63 JACKSONVILLE FL 32207 84 City 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 registernal agent and tale if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 1071.8 MUSTAFA, ANTONIA V NAME 1.2 NAME 6333 COLLEGE GROVE WAY, SUITE M12 STREET ADDRESS 1.3 STREET ADDRESS SAN DIEGO CA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Addition Change 21 TITLE TITLE MUSTAFA, ODUVALDO NAME 22 NAME 6333 COLLEGE GROVE WAY, SUITE M12 STREET ADDRESS 2.3 STREET ADDRESS SAN DIEGO CA CITY-ST-ZIP 2. 4 CITY-ST-ZIP Mustafa, Maria A Wa Change Addition | Mustafa, Maria A Way, suite M-12 DELETE Change Addition TITLE 3.1 TITLE MUSTAFA, MARIA A NAME 3.2 NAME 10325 CAMINITO CUERVO APT 182 3.3 STREET ADDRESS STREET AODRESS SAN DIEGO CA CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITL€ NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City-St-ZiP Change DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

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. SIGNATURE:

02/27/98 (6/9)2879710

FILED

Apr 21 1998 8:00am

Secretary of State