

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000022058 (9)

1. Corporation Name

MONDE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

20119 HOLLAND AVE
MURDOCK FL 33938

P O BOX 791
MURDOCK FL 33938

3. Date Incorporated or Qualified
03/16/1994

3a. Date of Last Report
09/01/1995

4. FEI Number
65-0482961

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 380791

City & State

23 FT. CHARLOTTE FL.

City & State

28 MURDOCK FL.

24 Zip 33952 Country USA

29 Zip 33938 Country USA

9. Name and Address of Current Registered Agent

ARMOUR, CHARLES J
20119 HOLLAND AVE
MURDOCK FL 33938

10. Name and Address of New Registered Agent

81 Name ARMOUR, DAVID J.

82 Street Address (P.O. Box Number is Not Acceptable)
20119 HOLLAND AVE.

84 City FT. CHARLOTTE

85 Zip Code FL 33952

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 of person who is not a registered agent and is not applicable

(NOTE: Registered Agent signature required when registering)

8/1/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMOUR, CHARLES J
STREET ADDRESS 20119 HOLLAND AVE
CITY-ST-ZIP MURDOCK FL 33938 ☒ DELETE

TITLE SD
NAME ARMOUR, MARY A
STREET ADDRESS 20119 HOLLAND AVE
CITY-ST-ZIP MURDOCK FL 33938 ☒ DELETE

TITLE D
NAME ARMOUR, DAVID
STREET ADDRESS 20119 HOLLAND AVE
CITY-ST-ZIP MURDOCK FL 33938 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. + SECT ☒ Change ☐ Addition
1.2 NAME ARMOUR, DAVID
1.3 STREET ADDRESS 20119 HOLLAND AVE.
1.4 CITY-ST-ZIP FT. CHARLOTTE, FL. 33952 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

(441) 764-8705

CR2E034 (3/96)