

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 9:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000058045 (3)

1. Corporation Name

MONOGRAMS U.S.A. PLUS, INC.

Principal Place of Business

**801 N CONGRESS AVE
BOYNTON BEACH FL 33426**

Mailing Address

**801 N CONGRESS AVE
BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/05/1994

3a. Date of Last Report

FIRST

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Same

26 301 N.W. 78TH TERR

65-0519916

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

23

28 PLANTATION, FL.

Trust Fund Contribution

☐

Zip

Country

Zip

Country

24

25

29

33324

30

BROWARD

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLLANDER, BRUCE L ESQ
5555 HOLLYWOOD BLVD
SUITE 200
HOLLYWOOD FL 33021**

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 his or her address)

(NOTE: Registered Agent signature required when terminating.)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DP
GRACI, ARTHUR
301 NW 78TH TER
PLANTATION FL 33324**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DS
MORRIS, LOUISE
801 N CONGRESS AVE
BOYNTON BEACH FL 33426**

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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 119.02(3)(b), 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 as Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ARTHUR GRACI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

407-736-7914

(DATE)

(Telephone Number)