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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-2IP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000085763 (8)

MONARCH REAL ESTATE SUPPORT SERVICES, INC.

Principal Plac		Mailing Address			,
		1710 INVERNESS DRIVE LAKELAND FL 33813			
DAIL CARD I	. 00010	DANKENIO I E 00010		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		1/18/1994 4. FEI Number Applied F	or
21		26		. 59-3286883 Not Applie	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Contificate of Status Decired \$8.75 Addition	
22		27		Fee Hequired	
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28 Zip	Country	This corporation owes or has paid the current year Intangible	
24	25	29 3	ō	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent	
	MITAGE, LISA		81 Name		1
1710 INVERNESS DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
į W	KELAND FL 33813		63		
ļ					
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statut es	the above-named corp	oration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as register	ered red
	m familiar with, and accept the oblig			, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if abnicable (NOTE: F	Registered Agent signature require	ed when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Ad	ddition
NAME	ARMITAGE, LISA M		1.2 NAME		
STREET ADDRESS	1710 INVERNESS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LAKELAND FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Ad	Idition
NAME		عادعات ا	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
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NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
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NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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NAME			5.2 NAME		Į
STREET ADDRESS			5.3 STREET ADDRESS		ļ
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IIILE		Deceme	0.1 111.00		GIGOTI

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 op an attachment with an address.