

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029874 (1)

1. Corporation Name

MONARK MONOGRAMS OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

185 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410

185 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410



3. Date Incorporated or Qualified

04/17/1995

3a. Date of Last Report

2. Principal Place of Business

21 2863 Northlake Blvd.

2a. Mailing Address

26 2863 Northlake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0579465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes ☒ Yes ☐ No

City & State

23 North Palm Beach, FL

City & State

28 North Palm Beach, FL

Zip

Country

24 33403

25 Palm Beach

Zip

29 33403

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOPPERT, LYNN

185 EAST TALL OAKS CIRCLE
PALM BEACH GARDENS FL 33410

81 Name

Lynn Goppert

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

2863 Northlake Blvd.

83

84 City

North Palm Beach

FL

85 Zip Code

33403

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 title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE Pres. Sec. Treas.
NAME LYNN M. Goppert
STREET ADDRESS 2863 Northlake Blvd.
CITY-ST-ZIP North Palm Beach, FL 33403

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lynn M. Goppert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/123/96

Date

407-848-4500

Daytime Phone #

CR2E034 (12/95)