

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

FILED

Apr 15 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **P95000044576 (3)**

1. Corporation Name  
**MONARCH EAST BAY CO.**



|   |   |
|---|---|
| Principal Place of Business<br><b>12908 AIRWAY<br/>PANAMA CITY FL 32404-2833<br/>US</b> | Mailing Address<br><b>12908 AIRWAY<br/>PANAMA CITY FL 32404-2833<br/>US</b> |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>12908 Air Way Street</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>Panama City, FL</b><br>Zip<br>24 <b>32404-2833</b> Country<br>25 <b>U.S.A.</b> | 2a. Mailing Address<br>26 <b>12908 Air Way Street</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Panama City, FL</b><br>Zip<br>29 <b>32404-2833</b> Country<br>30 <b>U.S.A.</b> |
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|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/09/1995</b>  | 3a. Date of Last Report<br><b>03/19/1996</b> |
| 4. FEI Number<br><b>59-3338583</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>YOUNG, JUDITH C<br/>12908 AIRWAY<br/>PANAMA CITY FL 32404-2833</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>12908 Air Way Street</b><br>83<br>84 City<br><b>FL</b> 85 Zip Code<br><b>32404-2833</b> |
|--|--|

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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS                              |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12        |  |
|---|---------------------------------|--|--|
| TITLE<br><b>D</b>                                       | <input type="checkbox"/> DELETE | 1.1 TITLE<br><b>D</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>YOUNG, DAVID F</b>                           |                                 | 1.2 NAME<br><b>Young, David F.</b>                           |  |
| STREET ADDRESS<br><b>12908 AIR WAY</b>                  |                                 | 1.3 STREET ADDRESS<br><b>12908 Air Way Street</b>            |  |
| CITY - ST - ZIP<br><b>PANAMA CITY FL 33</b>             |                                 | 1.4 CITY - ST - ZIP<br><b>Panama City, FL 32404-2833</b>     |  |
| TITLE<br><b>P</b>                                       | <input type="checkbox"/> DELETE | 2.1 TITLE<br><b>P</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>YOUNG, DAVID F</b>                           |                                 | 2.2 NAME<br><b>Young, David F.</b>                           |  |
| STREET ADDRESS<br><b>12908 AIR WAY</b>                  |                                 | 2.3 STREET ADDRESS<br><b>12908 Air Way Street</b>            |  |
| CITY - ST - ZIP<br><b>PANAMA CITY FL 33</b>             |                                 | 2.4 CITY - ST - ZIP<br><b>Panama City, FL 32404-2833</b>     |  |
| TITLE<br><b>VS</b>                                      | <input type="checkbox"/> DELETE | 3.1 TITLE<br><b>V/S</b>                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>YOUNG, JUDITH C</b>                          |                                 | 3.2 NAME<br><b>Young, Judith C.</b>                          |  |
| STREET ADDRESS<br><b>12908 AIR WAY</b>                  |                                 | 3.3 STREET ADDRESS<br><b>12908 Air Way Street</b>            |  |
| CITY - ST - ZIP<br><b>PANAMA CITY FL 33</b>             |                                 | 3.4 CITY - ST - ZIP<br><b>Panama City, FL 32404-2833</b>     |  |
| TITLE<br><b>VT</b>                                      | <input type="checkbox"/> DELETE | 4.1 TITLE<br><b>V/T</b>                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>HUGHEY, BONNIE J</b>                         |                                 | 4.2 NAME<br><b>Hughey, Bonnie J.</b>                         |  |
| STREET ADDRESS<br><b>1500 SAN REMO AVENUE SUITE 239</b> |                                 | 4.3 STREET ADDRESS<br><b>1500 San Remo Avenue, Suite 239</b> |  |
| CITY - ST - ZIP<br><b>CORAL GABLES FL 47</b>            |                                 | 4.4 CITY - ST - ZIP<br><b>Coral Gables, FL 33146-3047</b>    |  |
| TITLE   | <input type="checkbox"/> DELETE | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | 5.2 NAME   |  |
| STREET ADDRESS  |                                 | 5.3 STREET ADDRESS   |  |
| CITY - ST - ZIP   |                                 | 5.4 CITY - ST - ZIP  |  |
| TITLE   | <input type="checkbox"/> DELETE | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | 6.2 NAME   |  |
| STREET ADDRESS  |                                 | 6.3 STREET ADDRESS   |  |
| CITY - ST - ZIP   |                                 | 6.4 CITY - ST - ZIP  |  |

14. I do 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 supplementary 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 officer or director authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14, or both, attached to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**David F. Young, President/Director**

3/5/97

Date

(904) 871-4616

Daytime Phone #

0614239

CR2E034 (9/96)