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

 PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600009722 1. Corporation Name

MONROE IMPORT EXPORT CO., INC.

Mailing Address Principal Place of Business

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90033 036 \*\*\*150.00



710 NORTH 3RI JACKSONVILLE US	D STREET BEACH FL 32250	710 NORTH 3RD STREET JACKSONVILLE BEACH FL 32250			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  01/30/1996				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26				59-3357247			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		T	5 Additional Required
City & State	9	City & State		-		Election Campaign Financing     Trust Fund Contribution			May Be ed to Fees
Zip	Country 25	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curren		1301			10. Name and Address of New	Registered A	gent	
·	3. Italiio pila Addidas di Culteri			81	Name				
MONROE, TIMOTHY J 710 NORTH 3RD STREET				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	(SONVILLE BEACH FL 32250			83			<del></del>		
			-	84	City		FL	85 Z	ip Code
office or n	to the provisions of Sections 607.050: egistered agent, or both, in the State or familiar with, and accept the obligations of the state	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized orida Statul	by th ites.	e corporation	n's board of directors. I hereby acce	pt the appoin	ment as	registered
	OFFICERS AN		13.	Agents	ngilatara redulied	ADDITIONS/CHANGES TO OF		DIREC	TORS IN 12
TITLE	D OFFICERS AIN	D DIRECTORS  DELETE	1.1 TITL	 LE		ADDITIONS/CITATIGES TO CI	TIOLITO AITE	Chang	
NAME	MONROE, TIMOTHY J	_	1.2 NAM		ļ				
STREET ADDRESS	8992 LAKE KATHRYN DRIVE		1		DDRESS				
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3208	32	14 CIT	Y-ST-Z	7IP				ı
TITLE		☐ DELETE	2.1 TITL				· · · · · · · · · · · · · · · · · · ·	Chang	ge Addition
NAME			2.2 NAN	ME					
STREET ADDRESS			2.3 STF	REET A	DORESS				
CITY-ST-ZIP			2.4 017	TY-ST-	ZIP				
TITLE		☐ DELÉTE	3.1 ΤΙπ.	LE				Chang	ge Addition
NAME			3.2 NAM	ME		* **			
STREET ADDRESS			3.3 STR	REETA	DORESS				
CITY-ST-ZIP			3.4. CIT	TY-ST-	ZIP				
TITLE		☐ DELETE	4.1 TITL	LE				Chang	ge 🗌 Addition
NAME			4. 2 NA	WE.	1				
STREET ADDRESS			4.3 STR	REETA	DDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-2	ZIP				
TITLE		☐ DELETE	5.1 TITL		1			Chang	ge 🔲 Addition
NAME			5.2 NAM						
STREET ADDRESS					DORESS				
CITY-ST-ZIP			_	Y-ST-Z	ZIP				<u> </u>
TITLE		☐ DÉLETE	6.1 TITL					☐ Chang	ge 🗌 Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 STF	REET A	DDRESS				

6.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE: