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

Mailing Address

3329 COCOPLUM CIR.

COCONUT CREEK FL 33063-5910

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

COCONUT CREEK FL 33063

3329 COCOPLUM CIR.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010055 (7)

VINCENT MONACO ART STUDIO, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0641397 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MONACO, VINCENT 3329 COCOPLUM CIR. Street Address (P.O. Box Number is Not Acceptable) 82 COCONUT CREEK FL 33063 83 84 City 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 agent I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or unified name of registered agent and rice if applicable INOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition **DPS** 1.1 TITLE TallE MONACO, VINCENT 12 NAME NAME 3329 COCOPLUM CIR. 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33063** 1.4 CITY-ST-*Z*IP CITY - \$1 - 7IP Change DELETE 2.1 TITLE Addition TITLE 2.2 NAME NAME STREET ADDRESSS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE Change \_\_\_ Addition 711118 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZP 34. CITY-ST-ZIP ☐ DELETE Change Addition TOLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 5.1 TITLE 11111 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST 2P

> 6.1 TITLE 6.2 NAME

: Million of

6.3 STREFT ADDRESS

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 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

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

DELETE

Vincet Moraco

4/2/97 (954) 975-765 Date Date Proper

Change

Addition

**FILED** 

Apr 08 1997 8:00am

Secretary of State