


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

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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000020097 (7)**

1. Corporation Name
MONARCH DOOR & TRIM, INC.



Principal Place of Business 4148 LAWS DR LOUIS HOLIDAY FL 34691	Mailing Address 4148 LAWS DR LOUIS HOLIDAY FL 34691-5612
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3. Date Incorporated or Qualified 03/01/1996	3a. Date of Last Report
4. FEI Number 59-3364431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

WISNIEWSKI, JOE
4148 LAWS DR ← LOUIS
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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 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	D 1	1.1 TITLE	PRESIDENT
NAME	WISNIEWSKI, JOE	1.2 NAME	JOE WISNIEWSKI
STREET ADDRESS	3308 W JACKSON	1.3 STREET ADDRESS	3308 W. JACKSON
CITY - ST - ZIP	HOLIDAY FL 34683	1.4 CITY - ST - ZIP	HOLIDAY FL. 34683
TITLE		2.1 TITLE	VICE PRESIDENT
NAME		2.2 NAME	DON GREENE
STREET ADDRESS		2.3 STREET ADDRESS	3124 WIND DR.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	NEW PORT RICHEY FL. 34655
TITLE		3.1 TITLE	VICE PRESIDENT
NAME		3.2 NAME	MIKE BEAU
STREET ADDRESS		3.3 STREET ADDRESS	9830-Z GRACE DR.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	PORT RICHEY FL. 34668
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)