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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000026162 (3)

FILED Apr 29 1997 8:00am Secretary of State

MONOLI	THIC STRUCTURES CORP.	• • • • • • • • • • • • • • • • • • • •			#
Principal Place of Business Mailing Address 800 SW COCONUT DRIVE 800 SW COCONUT DRIVE FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315-1144			115-1144	1	
				3. Date incorporated or Qualified 3a. I 03/19/1996	Date of Last Report
2. Principal Pl	ace of Business S.W. Coconut DR.	26. Mailing Address 26. SAMC	100	4. FEI Number 65 - 065 6058	Applied For Not Applicable
Suile, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 /T. 210	Lauderdale PL.	Zip	Country	Trust Fund Contribution This corporation has liability for intangib	Added to Fees le tax under s. 199.032,
24 333	9. Name and Address of Current F		30	Florida Statutes Yes 10. Name and Address of New Registered	No Agent
800	IIFFELBIAN, ERIK SW COCONUT DRIVE IT LAUDERDALE FL 33315		81 Name 82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuant to office or reagent. La	to the provisions of Sections 607,0502 a egistored agent, or both, in the State of m familiar with, and accept the obligation Signature typed or proted name of registered agent a	Florida. Such change was a ons of, Section 607.0505, Flor	s, the above-hamed corpora uthorized by the corpora rida Statutes. Registered Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the statement for the purpose tion's board of directors.	of changing its registered
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TIFLE NAME STRELT AUDRESS	President + seractary Exik Schiffelbian 800 s.w. cyconut	□ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change Addition
CITY-SI-ZIP	Et. Landerdale, 1	7. 3338	1.4 CITY-ST-ZIP		
זוונו	• • • • • • • • • • • • • • • • • • • •	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		1
C(1Y - S1 - ZIP			2.4 CITY - ST - ZIP	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAMI			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CHTY+S1+ZiP			3.4. City-St-Zip		
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAMÉ			: 4. 2 NAME		:
STREET ADDRESS			4.3 STREET ADDRESS		Ì
C4TY - S1 - 7IP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIF			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-S1-209			6.4 CITY+ST-ZIP		

14. I do nereby 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

IGNATURE AND TO DO OR PRINTED NAME OF BIGNING OFFICER OF DIRECT

SCHIFFELBIAN 2/Ape, 9;

7 527 - 045 Daytime Phone #