

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 24, 1999 8:00 am**  
**Secretary of State**

09-24-1999 90018 012 \*\*\*150.00

**DOCUMENT # P96000063914**

1. Corporation Name

**MONOCO PETROLEUM, INC.**

Principal Place of Business

**1970 S. HIBISCUS DRIVE  
NORTH MIAMI FL 33181**

Mailing Address

**1970 S. HIBISCUS DRIVE  
NORTH MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/31/1996**

4. FEI Number

**65-0689358**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
- Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

**MONTOKA, DAVID C.  
1970 S. HIBISCUS DRIVE  
SUITE 2100  
NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**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

TITLE **D/C/P** ☐ DELETE  
NAME **MONTOKA, DAVID C**  
STREET ADDRESS **1970 S. HIBISCUS DRIVE**  
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0052591



# MONOCO PETROLEUM, INC.

*SPECIALIZING IN GULF COAST PROPERTIES SINCE 1986*

619 794-90018-12  
P 96 000063914

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document # P96000063914  
Payment of Corporate Annual Report Filing Fee  
Telephone Call of Sept. 20, 1999

To Whom It May Concern:

Per the instructions of the State Employee w/ whom I spoke today, I am writing this letter to accompany the (renewed) payment of this corporation's annual filing fee.

A clerical error (or lost envelope – mailed prior to April 24, 1999) has apparently prevented your office from receiving the payment. As President of MPI, I am deeply grateful for the generous understanding of the woman at your department with whom I spoke. Appreciatively, I again enclose the \$150.00 payment. Please excuse the error (if in fact it happened at this end).

Sincerely,

David C. Montoya