Applied For

Not Applicable

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 # P97000059202 1. Corporation Name

MONARCH REALTY, INC.

Fillicipal Flace of Business													
CTE	4-106	4200	М	HIMIVERSITY	n								

FT. LAUDERDALE FL 33316

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

STE. A-106, 4300 N. UNIVERSITY DR. FT. LAUDERDALE FL 33316

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90091 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

<u>07/07/1997</u>

65-0770979

4. FEI Number

Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Ac						
City & State		City & State			6. Election Campaign Financing		\$5.00	May Re				
23		28			Trust Fund Contribution		Added to					
Zip			Country		8. This corporation owes the curre	ent year Inta	ngible					
24	25	29 30			Personal Property Tax.		☐ Yes [□No				
=5.1	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered A	\gent					
			81	Name								
LEVINE & SEGAUL, P.A. STE. A-106, 4300 N. UNIVERSITY DR.				82 Street Address (P.O. Box Number is Not Acceptable)								
				Street Address (P.O. box Number is Not Acceptable)								
FT. LAUDERDALE FL 33316												
11. 210021012212 00010												
			84	City		FL	85 Zip C	ode				
44 D	to the provisions of Costions 607 0507	and 607 1609 Florida Statutes	the above	a-named corno	ration submits this statement for the	purpose of o	hanging its r	registered				
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 ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	3 Statutes	•								
SIGNATURE						DATE		}				
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	nt signature required	ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12				
12.		DELETE	1.1 TITLE	 -	ABBITIONS/STANGES 10 ST	TOLKOVAL	Change	Addition				
TITLE	PD	□ beceit										
NAME	LEVINE, HOWARD A.		1.2 NAME	. .								
STREET ADDRESS	4300 N. UNIVERSITY DR. A-106		1.3 STREET	TADDRESS								
CITY-ST-ZIP	FT. LAUDERDALE FL 33351		1.4 CITY-S	T-ZîP			☐ Change	Addition				
TITLE		☐ DELETE	2.1 TITLE	ļ	•		□ Change					
NAME			2.2 NAME					1				
STREET ADDRESS			2.3 STREET	T ADDRESS								
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP								
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition				
NAME			3.2 NAME									
STREET ADDRESS			3.3 STREET	TADDRESS								
CITY-ST-ZIP		·	3.4 CITY-S	T-ZIP								
TITLE		☐ DELETE	4.1 TITLE		,		☐ Change	☐ Addition				
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREE	T ADDRESS				-				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP								
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition				
NAME:			5.2 NAME					Ì				
STREET ADDRESS			5.3 STREE	T ADDRESS								
CITY-ST-ZIP			5.4 CITY-S	T-ZIP								
TITLE		☐ DELETE	6.1 TITLE	-			Change	☐ Addition				
NAME			6.2 NAME					İ				
STREET ADDRESS			6.3 STREET	TADORESS								
			6.4 CITY-S		÷			-				
CITY-ST-ZIP			J.4 O.7 1-0	<u> </u>								

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 chapter or on an attachment with an address, with all other like empowered.

SIGNATURE: