

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90060 046 ***150.00

DOCUMENT # P98000025552

1. Corporation Name
MONISTERE SOLUTIONS, INC.

Principal Place of Business
7214 N.W. 42ND STREET
CORAL SPRINGS FL 33065

Mailing Address
7214 N.W. 42ND STREET
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

4. FEI Number

65-0821342

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 11179 MALAYAN ST

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON FL

Zip

24 33428

Country

25 USA

2a. Mailing Address

26 11179 MALAYAN ST

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON FL

Zip

29 33428

Country

30 USA

9. Name and Address of Current Registered Agent

MONISTERE, SUSAN
7214 N.W. 42ND STREET
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

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

11179 MALAYAN ST

83

84 City

BOCA RATON

FL

85 Zip Code

33428

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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 P/D

1.3 STREET ADDRESS MONISTERE, SUSAN L.

1.4 CITY-ST-ZIP 11179 MALAYAN ST

2.1 TITLE BOCA RATON, FL 33428

2.2 NAME V/M

2.3 STREET ADDRESS Monistere, DANIEL J.

2.4 CITY-ST-ZIP 11179 MALAYAN STREET

3.1 TITLE BOCA RATON, FL 33428

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, with all other like empowered.

SIGNATURE:

Susan L. Monistere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-99

Date

561-470-8029

Daytime Phone #

0334516

CR2E034 (11/98)