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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000073041

1. Corporation Name

MONARCH PRINTING & DESIGN, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number

65-0860601

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☐ NoPrincipal Place of Business
MURDOCK CARROUSEL SHOPPING CENTER
1900 TAMAMI TRIAL #142
PORT CHARLOTTE FL 33948Mailing Address
MURDOCK CARROUSEL SHOPPING CENTER
1900 TAMAMI TRIAL #142
PORT CHARLOTTE FL 33948

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

SIEGEL, GLENN N ESQ.
18501 MURDOCK CIRCLE
SUITE 304
PORT CHARLOTTE FL 33948

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

1.1 TITLE ☐ DELETE

NAME

PD

STREET ADDRESS

COLLINS, MARK M

CITY-ST-ZIP

10268 S.W. COUNTY ROAD #769**ARCADIA FL 34268**1.2 TITLE ☐ DELETE

NAME

VD

STREET ADDRESS

COLLINS, BARBARA E

CITY-ST-ZIP

10268 S.W. COUNTY ROAD #769**ARCADIA FL 34268**1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)