

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S87772** (7)

1. Corporation Name

**MONTEREY ENTERPRISES, INC.**



Principal Place of Business

**2601 S.W. 96TH ST.  
STUART FL 34997**

Mailing Address

**2601 S.W. 96TH ST.  
STUART FL 34997**

3. Date Incorporated or Qualified  
**10/17/1991**

3a. Date of Last Report  
**07/25/1995**

2. Principal Place of Business

2a. Mailing Address

**21 9000 S.W. PENNSYLVANIA AVE**

**26 9000 S.W. PENNSYLVANIA AVE**

4. FEI Number  
**59-3107376**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

City & State

City & State

**23 STUART, FL**

**28 STUART, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

Zip

Country

Zip

Country

**24 34997**

**25**

**29 34997**

**30**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRAMS, LAWRENCE  
2601 S.W. 96TH ST.  
STUART FL 34997**

81 Name

**ABRAMS, LAWRENCE**

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

**5127 POINTE EMERALD LANE**

83

84 City

**BOCA RATON**

FL

85 Zip Code

**33484**

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

*Lawrence Abrams*

**LAWRENCE ABRAMS**

**4/4/96**

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
**ABRAMS, LAWRENCE**  
STREET ADDRESS  
**5127 POINTE EMERALD LN.**  
CITY - ST - ZIP  
**BOCA RATON FL**

TITLE ☐ DELETE

NAME  
**POLLY, HARVEY**  
STREET ADDRESS  
**2901 S. OCEAN BLVD.**  
CITY - ST - ZIP  
**HIGHLAND BEACH FL 33487**

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Lawrence Abrams*

**LAWRENCE ABRAMS  
PRES./SEC.**

**4/4/96**

DATE

**407-283-5111**

Daytime Phone #

CR2E034 (12/95)