## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$87772

MONTEREY ENTERPRISES, INC. Mailing Address Principal Place of Business 9000 SW PENNSYLVANIA AVE 8000 SW PENNSYLVANIA AVE STUART FL 34997 STUART FL 34997-1344 Sa. Date of Last Report 3. Date Incorporated or Qualified 10/17/1991 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For <del>59-</del>3107376 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζφ Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name abrams, Lawrence 5127 POINTE EMERALD LANE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 RA City 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 preded name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD DELETE 1.1 TITLE Change Addition THUE ABRAMS, LAWRENCE 1.2 NAME NAM: 5127 POINTE EMERALD LN. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** C-TY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE POLLY, HARVEY 2901 S. OCEAN BLVD. STREET ADORESS 2.3 STREET ADDRESS HIGHLAND BEACH FL 33487 CHY-ST 2. 4 CITY - ST - ZIP ☐ DELETE Addition TITLE 3.1 TITLE Change NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-Z# 34. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition THILE NAME 4.2 NAME STHEET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS C(1Y - \$1 - 7(P) 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition THE 6.2 NAME NUMBER 6.3 STREET ADDRESS STREET ADDRESS Dity-S1-7IP 6.4 CITY - ST- 7IP

14. To hereby carilly 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 chapted, or on an attachment with an address. SIGNATURE:

INTED NAME OF BIGNING OFFICER OR DIRECTOR

561-272-2442

FILED

May 08 1997 8:00am

Secretary of State

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