

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V01715 (4)

1. Corporation Name

MONENCO U.S., INC.

Principal Place of Business

14100 58TH ST. NORTH
CLEARWATER FL 34620-0796

Mailing Address

14100 58TH ST. NORTH
CLEARWATER FL 34620-0796

FILED
96 JUL 16 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/24/1991

3a. Date of Last Report
09/22/1995

4. FEI Number

59-3097482

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

QUACKENBUSH, MICHAEL P.
MONENCO U.S., INC.
14100 58TH STREET NORTH
CLEARWATER FL 34640-0796

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 then applicable

(NOTE: Registered Agent signature required when effecting change)

Date

12. OFFICERS AND DIRECTORS

TITLE CD
NAME BIRCHENOUGH, A. J.
STREET ADDRESS 2010 WINSTON PARK DRIVE
CITY-ST-ZIP OAKVILLE, ONTARIO ☐ DELETE

TITLE PD
NAME BROWN, R.W.
STREET ADDRESS 14100 58TH ST., N.
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE VST
NAME QUACKENBUSH, M.P.
STREET ADDRESS 14100 58TH ST. N.
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE V
NAME LEGAULT, G J
STREET ADDRESS 2010 WINSTON PARK DRIVE
CITY-ST-ZIP OAKVILLE, ONTARIO ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael P. Quackenbush
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael P. Quackenbush, VP, Director

6/6/96

(813) 539-1661

PR2E034 (3/96)