FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0414788

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 14 PM 1:22

TALLAHASSEE, FLORIDA

DOCUMENT # **V01715**

1. Corporation Name
MONENCO U.S., INC.

Principal Place of Business	Mailing Address
14100 58TH ST. NORTH CLEARWATER FL 33760	14100 58TH ST. NORTH CLEARWATER FL 33760

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/24/1991

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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

QUACKENBUSH, MICHAEL P.
MONENCO U.S., INC.
14100 58TH STREET NORTH
CLEARWATER FL 33760

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

100002885481--7
-05/25/99--01042--017
****635.00 ****158.75

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 _____ (NOTE: Required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	[ ] DELETE	11 TITLE	[ ] Change	[ ] Addition
NAME	VAN ADEL, ROBERT		12 NAME		
STREET ADDRESS	2010 WINSTON PARK DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	OAKVILLE, ONTARIO		14 CITY-ST-ZIP		
TITLE	PD	[ ] DELETE	21 TITLE	[ ] Change	[ ] Addition
NAME	BROWN, R.W.		22 NAME		
STREET ADDRESS	14100 58TH ST., N.		23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		24 CITY-ST-ZIP		
TITLE	VST	[ ] DELETE	31 TITLE	[ ] Change	[ ] Addition
NAME	QUACKENBUSH, M.P.		32 NAME		
STREET ADDRESS	14100 58TH ST. N.		33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		34 CITY-ST-ZIP		
TITLE	V	[ ] DELETE	41 TITLE	[ ] Change	[ ] Addition
NAME	LEGAULT, G J		42 NAME		
STREET ADDRESS	2010 WINSTON PARK DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	OAKVILLE, ONTARIO		44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE	[ ] Change	[ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE	[ ] Change	[ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: M. Quackenbush Michael P. Quackenbush 5/12/99 (727)539-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)