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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V01738** (6)

1. Corporation Name
CSM-MONENCO, INC.

Principal Place of Business
**14100 58TH ST. NORTH
CLEARWATER FL 34620-0798**

Mailing Address
**14100 58TH ST. NORTH
CLEARWATER FL 34620-3758**



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

25

29

30

9. Name and Address of Current Registered Agent

**QUACKENBUSH, MICHAEL P
14100 58TH STREET NORTH
CLEARWATER FL 34620-0798**

3. Date Incorporated or Qualified
12/24/1991

3a. Date of Last Report
06/21/1996

4. FEI Number

13-3639835

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

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 607.0532 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

TITLE ☐ DELETE

NAME **D BIRCHENOUGH, A.J.**
STREET ADDRESS **2010 WINSTON PARK DRIVE**
CITY-ST-ZIP **OAKVILLE, ONTARIO**

TITLE ☐ DELETE

NAME **DST QUACKENBUSH, MICHAEL P.**
STREET ADDRESS **14100 58TH ST. NORTH**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **CD FEENEY, J.E.**
STREET ADDRESS **2045 STANLEY ST.**
CITY-ST-ZIP **MONTREAL, QUEBEC, CAN**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
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 do 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, changed, or on an attachment with an address.

Michael P. Quackenbush, Director/Sec'y-Treas

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-97 (813)539-1641

CR2E034 (9/96)