

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 # V50787 (3)

1. Corporation Name

MONARCH MARKETING GROUP INC.



Principal Place of Business

**1413 N.W. 122 TERRACE
PEMBROKE PINES FL 33026**

Mailing Address

**1413 N.W. 122 TERRACE
PEMBROKE PINES FL 33026**

2. Principal Place of Business

21 **1261 N.W. 167 AVE.**

Suite, Apt. #, etc.

22

City & State

23 **PEMBROKE PINES, FL**

Zip

24 **33028**

Country

25 **USA**

2a. Mailing Address

26 **1261 N.W. 167 AVE**

Suite, Apt. #, etc.

27

City & State

28 **PEMBROKE PINES, FL**

Zip

29 **33028**

Country

30 **USA**

3. Date Incorporated or Qualified

07/13/1992

3a. Date of Last Report

03/22/1995

4. FEI Number

65-0357313

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

**CARR, LARRY J.
1413 N.W. 122 TERRACE
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81 Name

CARR, LARRY J.

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

1261 N.W. 167 AVE

83

84 City

PEMBROKE PINES, FL

85 Zip Code

33028

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

Larry J. Carr **LARRY J. CARR**

MAR. 7, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE

NAME **CARR, LARRY J.**
STREET ADDRESS **1413 N.W. 122 TERR.**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **SD** ☐ DELETE

NAME **CARR, DIANE**
STREET ADDRESS **1413 N.W. 122 TERR.**
CITY-ST-ZIP **PEMBROKE PINES FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1261 N.W. 167 AVE.
PEMBROKE PINES, FL 33028**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1261 N.W. 167 AVE.
PEMBROKE PINES, FL 33028**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry J. Carr

LARRY J. CARR

MAR. 7, 1996

(954) 425-8359

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)