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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **V50787** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90015 046 \*\*\*150.00

MONARCH MARKETING GROU	P INC.						
Principal Place of Business	Mailing Address	f 1864 Bisset dritt abitt landt fårtt fån annt drätt bibt årdit bibt ardit ran					
1261 NW 167 AVE PEMBROKE PINES FL 33028 US	1261 NW 167 AVE PEMBROKE PINES FL 33028 US	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/13/1992					
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For 65-0357313 Not Applicable					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country 24 25	Zip Country 29 30	8. This corporation owes the current year Intangible Personal Property Tax.  Yes No					
9. Name and Address of C	Current Registered Agent	10. Name and Address of New Registered Agent					

**CARR LARRY J** 1261 NW 167 AVE PEMBROKE PINES FL 33028

	84	City		E1	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									
arent I am familiar with and accent the obligations of Section 607 0505. Florida State	Itác	•	•						

83

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

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature re	onuited when reinstation) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Additi
NAME	CARR, LARRY J.	1.2 NAME	
STREET ADDRESS	1	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY+ST+ZIP	
TITLE	SD · □ DELETE	2.1 TITLE	☐ Change ☐ Additi
NAME	CARR, DIANE	2.2 NAME	The second of th
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Additi
NAME	· · · ·	3.2 NAME	
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NAME		5.2 NAME	•
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TITLE	DELETE	6.1 TITLE	☐ Change ☐ Additi
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
OTD/ OT 7ID	1	6.4 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.