

**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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003324 (1)**
1. Corporation Name

DESJARDINS FSB HOLDINGS, INC.



Principal Place of Business	Mailing Address
1001 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009	1001 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009

3. Date Incorporated or Qualified 07/20/1993	3a. Date of Last Report 11/30/1995
4. FEI Number 65-0416808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					FL		

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: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BELAND, CLAUDE			1.2 NAME	QUELLET, ALBERT		
STREET ADDRESS	100 DES COMMANDEURS AVE.			1.3 STREET ADDRESS	1845, KING ST. W.		
CITY-ST-ZIP	LEVIS, QUEBEC, CANADA			1.4 CITY-ST-ZIP	SHERBROOKE, QUEBEC, CANADA		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PROTEAU, JOCELYN			2.2 NAME	ROBIN, REGIS		
STREET ADDRESS	1 COMPLEXE DESJARDINS, 39TH FLOOR			2.3 STREET ADDRESS	2000 DES RECOLLETS BLVD		
CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA			2.4 CITY-ST-ZIP	TROIS-RIVIERES, QUEBEC, CANADA		
TITLE	SO	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARON, YVAN			3.2 NAME			
STREET ADDRESS	95 DES COMMANDEURS AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LEVIS, QUEBEC, CANADA			3.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARON, SYLVIE			4.2 NAME			
STREET ADDRESS	1 COMPLEXE DESJARDINS			4.3 STREET ADDRESS			
CITY-ST-ZIP	MONREAL QUE CA			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGELIER, JEAN-GUY			5.2 NAME			
STREET ADDRESS	1 COMPLEXE DESJARDINS			5.3 STREET ADDRESS			
CITY-ST-ZIP	MONREAL QUE CA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YVES, LAVOIE			6.2 NAME			
STREET ADDRESS	681 ST-GERMAIN BLVD. W.			6.3 STREET ADDRESS			
CITY-ST-ZIP	RIMOUSKI, QUE. CA			6.4 CITY-ST-ZIP			

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: **JEAN-GUY LANGELIER** 07/25/96 800-567-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)