

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000044922 (9)
 1. Corporation Name
BOUCHER BROTHERS INC.



Principal Place of Business: 3448 NE 210TH TERRACE, AVENTURA FL 33180
 Mailing Address: 3448 NE 210TH TERRACE, AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields.

3. Date Incorporated or Qualified: 06/01/1995
 4. FEI Number: 65-0589684
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BOUCHER, JAMES R
3448 NE 210TH TERRACE
AVENTURA FL 33180

10. Name and Address of New Registered Agent (81-85) fields.

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHER, JAMES	1.2 NAME	
STREET ADDRESS	3448 NE 210TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHER, MICHAEL	2.2 NAME	
STREET ADDRESS	1820 N.E. 197TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	
TITLE	M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHER, STEVEN	3.2 NAME	
STREET ADDRESS	900 EUCLID AVENUE, #6	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	
TITLE	M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHER, PARRY	4.2 NAME	
STREET ADDRESS	10000 BAY HARBOR TERRACE, #402	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYNES, LAURIE	5.2 NAME	
STREET ADDRESS	13220 S.W. 83RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL, MIKE	6.2 NAME	
STREET ADDRESS	13220 S.W. 83RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	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.

SIGNATURE _____ DATE: 9/20/98 305-933-3776

CR2E034 (5/98)