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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90127 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K58822**

1. Corporation Name
AUDEMARD, INC.

Principal Place of Business

**5788 WINDRIFT LANE
BOCA RATON FL 33433**

Mailing Address

**5788 WINDRIFT LANE
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1989

4. FEI Number

76-0069814

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROLLAND, JOHN
5788 WINDRIFT LANE
BOCA RATON FL 33433**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AUDEMARD, PAUL A.
5788 WINDRIFT LANE
BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
ROLLAND, JOHN
5788 WINDRIFT LANE
BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AUDEMARD, CLAUDE
5788 WINDRIFT LANE
BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AUDEMARD, PHILIPPE
5788 WINDRIFT LANE
BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AUDEMARD, DANIEL
5788 WINDRIFT LANE
BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)