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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 531166

(7)

Mailing Address

DU BARRY, INC.

Principal Place of Business

SIGNATURE:

800 N MAGNOLIA AVE SUITE 1500 (32803) P.O. BOX 2346 ORLANDO FL 32802		800 N MAGNOLIA AVE SUITE 1500 (32803) P.O. BOX 2346 ORLANDO FL 32802-2346		3. Date Incorporated or Qualified	3a. Date of Last F	Seport	
					04/11/1977	03/07/1996	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		oplied For
<u>a</u>)		26			NOT APPLICABLE	No	ot 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		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for it	ntangible tax under s	. 199.032,
4	25	29	30			Yes 🔀 No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent	
CAP	OUANO, ALBERT D., ESQ.			81 Name			
800 N MAGNOLIA AVE, SUITE 1500				82 Street Address (P.O. Box Number is Not Acceptable)		le)	····
	BOX 2346					,	
	ANDO FL 32803			63			
				B4 City		85 Zip	Code
				City		FL °	0000
office or re agent. I ar	to the provisions of Sections 607.to egistered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida. Such change was legations of, Section 607.0505,	utes, the al s authorize Florida Stat	by the corpora utes.	poration submits this statement for the p tion's board of directors. I hereby accep	orpose of changing to the appointment as	is registered registered
SIGNATURE ,	Signature, typed or printed name of registered	agent and tillo if applicable. (N	OTE Registere	Agent signature requ	ired when reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PST	DELETE	1,1 TI	'LE		☐ Change	Addition
NAME	LACHAPELLE, ROGER		1.2 N	ME			
STREET ADDRESS	900 ST. JOSEPH BLVD.		1.3 \$	REET ADDRESS			
CITY-S1-ZIP	HULL, QUEBEC, CAN.		1.4 C	TY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TI	TLE .		Change	Addition
NAME	LACHAPELLE, ROGER		2.2 N	ME]			
STREET ADDRESS	900 ST. JOSEPH BLVD.		2.3 \$	REET ADDRESS			
CHY-ST-ZIP	HULL, QUEBEC, CAN.		2.40	ITY-ST-ZIP			
TITLE		DELETE	3.1 TI	TLE		Change	Addition
NAME			3.2 N	VME			
STREET ADDRESS			3.3 \$	REET ADDRESS			
CITY-ST-7IP			34.0	ity-st-zip			
TITLE		☐ DELETE	4 1 TI	TLE .		☐ Change	Addition
NAME			4 2 1	AME			
STREET ADDRESS			435	REET ADDRESS			
CITY - ST - ZIP			4.4 0	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 Ti	TLE		☐ Change	Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	REET ADDRESS		•	
CITY-ST-ZIP			5.4 C	TY-ST-ZIP			····
TITLE		DELETE	6.1 T	TLE		☐ Change	Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	REET ADDRESS			
I				TY-ST-ZIP			