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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90097 034 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 546114

STREET ADDRESS

LARGILL CORPORATION

| Principal Place  | e of Business                                    | Mailing Address                   |                     | Country  81 Name  82 Street Add  83 |                    |                   |                       |                |                 |              |
|--|--|-----------------------------------|---------------------|-------------------------------------|--------------------|-------------------|-----------------------|----------------|-----------------|--------------|
| 5770 N FEDERAL HWY 5770 N FEDERAL HWY                  |  |                                   |                     |                                     |                    |                   |                       |                |                 |              |
| FT. LAUDERDALE FL 33308-2629 FT. LAUDERDALE FL 33308-2 |  |                                   | 308-2629            |                                     |                    |                   | O NOT W               | RITE IN THE    | S SPACE         |              |
|  |  |                                   |                     |                                     |                    | 2 Date Inco       | rporated or Qualife   |                | 3 3FACE         |              |
|  |  |                                   |                     |                                     |                    | 07/28/1           |                       | •              |                 | }            |
| a Deineinal Di   | and of Puninger                                  | 2a. Mailing Address               |                     |                                     |                    | 4. FEI Numb       |                       |                | Ann             | lied For     |
| <del>-</del>   | ace of Business                                  |                                   |                     |                                     |                    | 59-1756           |                       |                |                 | Applicable   |
| Suite, Apt. #, etc.                                    |  | Suite Ant # etc                   | Suite, Apt. #, etc. |                                     |                    | 1,1,7             |                       |                | \$8.75 A        |              |
| <del>-</del>   |  | 27                                |                     |                                     |                    | 5. Certifcate     | of Status Desired     |                | Fee Rec         | L            |
| City & State   | e  | City & State                      |                     |                                     |                    | e Election C      | ampaign Financin      | <u> </u>       | \$5.00          | May Be       |
| 23   |  | 28                                |                     |                                     | ,                  | 1                 | d Contribution        | a 🗆            | Added to        |              |
| Zip Country  |  |                                   |                     |                                     |                    |                   | oration owes the cu   | urrent vear li | ntangible       |              |
| 24   | 25   | 29                                | 30                  |                                     |                    |                   | Property Tax.         |                |                 | <b>₽</b> No  |
|  | g. Name and Address of Curr                      |                                   | 1,5-1               |                                     |                    | 10. Name an       | d Address of Nev      | v Registered   | d Agent         |              |
|  |  |                                   |                     | 81 1                                | Name G             | 200               | Dush                  | AC.            |                 |              |
| YOU  | NG,J. KAYLOR, ESQUIRE                            |                                   |                     | 92 6                                |                    | 144 es            | umber is Not Acce     | ntahla)        |                 |              |
| 4331   | n Federal Hwy                                    |                                   |                     |                                     |                    | 8 3               | 6 377                 | TEL            | R               | j            |
| FT. L  | AUDERDALE FL 33308                               |                                   |                     | 83                                  |                    |                   |                       |                |                 |              |
|  |  |                                   | ļ                   |                                     |                    | <u> </u>          |                       |                |                 |              |
|  |  |                                   |                     | 84 (                                | City Pare          | KANO              |                       | Fi             | 85 Zip C        | 1060         |
| 44 Pursuant  | to the provisions of Sections 607.0              | 502 and 607.1508. Florida Sta     | tutes, the at       | oove-n                              | named corpor       | ration submits t  | his statement for the | he purpose o   | of changing its | registered - |
| office or r  | egistered agent, or both, in the Star            | te of Florida. Such change was    | s authorized        | by the                              | e corporation      | s board of dire   | ctors. I hereby acc   | ept the appo   | ointment as reg | istered      |
| agent. I a   | m familiar with, and accept the obli             | gations of, Section 607.0505, F   | -iuiiua Siaii       | nes.                                |                    |                   |                       |                |                 |              |
| SIGNATURE  | Signature, typed or printed name of registered a | gent and title if applicable. (NC | TE Registered       | Agent se                            | gnature required v | when reinstating) |                       | DATE           | <del></del>     | <u> </u>     |
| 12.  |  | AND DIRECTORS                     | 13.                 |                                     |                    |                   | S/CHANGES TO C        | OFFICERS A     | ND DIRECTO      | RS IN 12     |
| TITLE  | Ρ .  | ☐ DELETE                          | 1.1 TIT             | LE                                  |                    |                   |                       |                | ☐ Change        | ☐ Addition   |
| name<br>1  | DUBUC, GILLES                                    | •                                 | 1.2 NA              | ME                                  |                    |                   |                       |                |                 |              |
| STREET ADDRESS   | 610 SE 5TH TERR                                  |                                   | 1.3 ST              | REETAD                              | DORESS             |                   |                       |                |                 |              |
| CITY-ST-ZIP  | POMPANO BEACH, FL 00000                          | )                                 | 1.4 CII             | IY-ST-Z                             | 'le                |                   |                       |                |                 |              |
| TITLE  | 7 0 111 7 11 0 0 0 10 11 1 1 2 0 0 0 0 1         | ☐ DELETE                          | 2.1 TIT             |                                     |                    |                   |                       |                | ☐ Change        | Addition     |
| NAME   |  |                                   | 2.2 NA              | ME                                  |                    |                   |                       |                |                 |              |
| STREET ADDRESS   |  |                                   | 2.3 ST              | REET AL                             | OORESS             |                   |                       |                |                 |              |
|  |  |                                   |                     | TY-ST-2                             | i                  |                   |                       |                |                 |              |
| CITY-ST-ZIP<br>TITLE                                   |  | ☐ DELETE                          | 3.1 TiT             |                                     | -                  |                   | <del></del>           |                | Change          | Addition     |
| NAME   |  | _                                 | 3.2 NA              |                                     |                    |                   |                       |                |                 |              |
| STREET ADDRESS   |  |                                   |                     | REET AL                             | ODRESS             |                   |                       |                |                 |              |
|  |  |                                   |                     | TY-ST-Z                             | !                  |                   |                       |                |                 |              |
| CITY-ST-ZIP<br>TITLE                                   |  | ☐ DELETE                          | 4.1 TIT             |                                     | <u> </u>           |                   |                       | ****           | Change          | Addition     |
|  |  | <b>_</b>                          | 4. 2 N              |                                     | İ                  |                   |                       |                |                 |              |
| NAME   |  |                                   |                     | REET AL                             | nnoess             |                   |                       |                |                 |              |
| STREET ADDRESS   |  |                                   |                     | TY-ST-Z                             |                    |                   |                       |                | •               |              |
| CITY-ST-ZIP  |  | ☐ DELETE                          | 5.1 TIT             |                                     | .IF                |                   | <del></del>           | <del></del>    | Change          | Addition     |
| TITLE  |  |                                   | 5.1 NA              |                                     |                    |                   |                       |                |                 | _            |
| NAME   |  |                                   |                     | REET AC                             | DDRESS .           |                   |                       |                |                 |              |
| STREET ADDRESS   |  |                                   | 1                   | TY-ST-Z                             |                    |                   |                       |                |                 |              |
| CITY-ST-ZIP  |  | DELETE                            | 6.1 TR              |                                     |                    |                   |                       |                | Change          | ☐ Addition   |
| TITLE  |  |                                   | 6.2 NA              |                                     |                    |                   |                       |                |                 |              |
| NAME   |  |                                   |                     | REET AL                             | DORESS             |                   |                       |                |                 |              |
| CIDELL ADDOLCC   |  |                                   | 0.0.01              |                                     |                    |                   |                       |                |                 |              |

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.