FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:15

DOCUMENT # **F35539** **(8)**

1. Corporation Name
OCEANSIDE, INC.

Principal Place of Business	Mailing Address
% YVON LAHAIE 3514 NORTH SURF ROAD HOLLYWOOD FL 33019	% YVON LAHAIE 3514 NORTH SURF ROAD HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/20/1981**
3a. Date of Last Report: **11/07/1994**

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

4. FEI Number: **59-2161133** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAHAIE, YVON
3514 NORTH SURF ROAD
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name: MONICA BERGERON
82 Street Address (P.O. Box Number is Not Acceptable): 3514 NORTH SURF ROAD
83
84 City: HOLLYWOOD FL 85 Zip Code: 33019

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: MONICA BERGERON M. Bergeron 04/06/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LACHAPELLE, LEO	12 NAME	
STREET ADDRESS	465 WATERLOO ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	TIMMINS, ONTARIO 00000	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BERGERON, MONICA	22 NAME	
STREET ADDRESS	1631 PARADIS	23 STREET ADDRESS	
CITY-ST-ZIP	ROUYN QU	24 CITY-ST-ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	BISHOP, GILBERT	32 NAME	
STREET ADDRESS	3514 N SURF ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	LAHAIE, YVON	42 NAME	
STREET ADDRESS	P.O. BOX 1676 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	TIMMINS,ONTARIO	44 CITY-ST-ZIP	
TITLE	STD	51 TITLE	☐ Change ☐ Addition
NAME	RIVARD, JULES	52 NAME	
STREET ADDRESS	613 HEBERT	53 STREET ADDRESS	
CITY-ST-ZIP	ROUYN QU	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

MONICA BERGERON

SIGNATURE: M. Bergeron 04/06/95 305-923-1764
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000476 CP