

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F35539** (8)
1. Corporation Name
OCEANSIDE, INC.



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

3. Date Incorporated or Qualified **05/20/1981** 3a. Date of Last Report **04/11/1995**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGERON, MONICA
3514 NORTH SURF ROAD
HOLLYWOOD FL 33019

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 *Monica Bergeron* *Monica Bergeron* *APRIL 11/96*
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D LACHAPPELLE, LEO 465 WATERLOO ROAD TIMMINS, ONTARIO 00000
PD BERGERON, MONICA 1631 PARADIS ROUYN QU
DVP BISHOP, GILBERT 3514 N SURF ROAD HOLLYWOOD FL
P LAHAIE, YVON P.O. BOX 1676 N/A TIMMINS, ONTARIO
STD RIVARD, JULES 613 HEBERT ROUYN QU

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE V
1.2 NAME LEOPOLD LECLERC
1.3 STREET ADDRESS 3081 DES CHATELETS
1.4 CITY-ST-ZIP STE-FOY, QU
2.1 TITLE D
2.2 NAME MONICA BERGERON
2.3 STREET ADDRESS 1631 PARADIS
2.4 CITY-ST-ZIP ROUYN, QU
3.1 TITLE P
3.2 NAME GILBERT BISHOP
3.3 STREET ADDRESS 3514 N. SURF ROAD
3.4 CITY-ST-ZIP HOLLYWOOD, FL.
4.1 TITLE S
4.2 NAME JULIEN POULIN
4.3 STREET ADDRESS 291 ST-HENRI
4.4 CITY-ST-ZIP BEAUCHE, QU
5.1 TITLE P
5.2 NAME JULES RIVARD
5.3 STREET ADDRESS 613 HEBERT
5.4 CITY-ST-ZIP ROUYN, QU.

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)(k), 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: *Monica Bergeron* *MONICA BERGERON* *APRIL 11/96* 819-762-1941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)