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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F91690

(0)

1. Corporation Name

HUGO H. DE BEAUBIEN, P.A.

Principal Place of Business

120 S. ORANGE AVE.
P.O. BOX 87
ORLANDO FL 32801

Mailing Address

120 S. ORANGE AVE.
P.O. BOX 87
ORLANDO FL 32801-3204



2. Principal Place of Business

21 332 North Magnolia Av.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32801-1609

Country

25 Orange

2a. Mailing Address

26 332 North Magnolia Av.

Suite, Apt. #, etc.

27 P.O. Box 87

City & State

28 Orlando, FL

Zip

29 32802-0087

Country

30 Orange

3. Date Incorporated or Qualified

07/22/1982

3a. Date of Last Report

01/30/1996

4. FEI Number

59-2206388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DE BEAUBIEN, HUGO H.
120 S. ORANGE AVE.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

332 North Magnolia Av.

83

84 City

Orlando

FL

85 Zip Code

32801-1609

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

TITLE PD ☐ DELETE

NAME DE BEAUBIEN, HUGO H
STREET ADDRESS 120 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

332 North Magnolia Av.

1.4 CITY-ST-ZIP

Orlando, FL 32801-1609

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

14. I do 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.

SIGNATURE

By:

[Signature]

1/20/97

1/20/97

CR2E034 (9/96)