

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92000000600 (8)**

1. Corporation Name
LES DEVELOPPEMENTS LE RIVEBOURG, INC.



Principal Place of Business 240 W. PALMETTO PARK RD. SUITE 300 BOCA RATON FL 33432 US	Mailing Address 240 W. PALMETTO PARK RD. SUITE 300 BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3750 CANTERBURY DR.		2a. Mailing Address 26 3750 CANTERBURY DR.		3. Date Incorporated or Qualified 12/10/1992		3a. Date of Last Report 01/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0387796		Applied For <input type="checkbox"/> Not Applicable	
22 City & State BOCA RATON, FL		27 City & State BOCA RATON, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip 33436		28 Country PALM BEACH		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 33436		25 PALM BEACH		29 33436		30 PALM BEACH	
9. Name and Address of Current Registered Agent GOODMAN, NORMAN 320 N.W. 67TH STREET APT 203 BOCA RATON FL 33487				10. Name and Address of New Registered Agent			

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

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	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, NORMAN	1.2 NAME	
STREET ADDRESS	3550 MOUNTAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL CANADA H3A 2R7	1.4 CITY-ST-ZIP	
TITLE	VCS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, CLIFFORD	2.2 NAME	
STREET ADDRESS	3350 MOUNTAIN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL CANADA H3A 2R7	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, SHARIN	3.2 NAME	
STREET ADDRESS	3350 MOUNTAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL CANADA H3A 2R7	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (4/97)