

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F92000000600 (8)

1. Corporation Name

LES DEVELOPPEMENTS LE RIVEBOURG, INC.

Principal Place of Business

3750 CANTERBURY DR
BOCA RATON FL 33436
US

Mailing Address

3750 CANTERBURY DR
BOCA RATON FL 33436
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

65-0387796

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

GOODMAN, NORMAN
320 N.W. 67TH STREET
APT 209
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

NORMAN GOODMAN

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

3750 CANTERBURY DR

83

84 City

BOCA RATON

FL

85 Zip Code

33436

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 CP ☐ DELETE

NAME GOODMAN, NORMAN
STREET ADDRESS 3550 MOUNTAIN STREET
CITY-ST-ZIP MONTREAL CANADA H3A 2R7

TITLE VCS ☐ DELETE

NAME GOODMAN, CLIFFORD
STREET ADDRESS 3350 MOUNTAIN STREET
CITY-ST-ZIP MONTREAL CANADA H3A 2R7

TITLE D ☐ DELETE

NAME GOODMAN, SHARIN
STREET ADDRESS 3350 MOUNTAIN STREET
CITY-ST-ZIP MONTREAL CANADA H3A 2R7

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME NORMAN GOODMAN

1.3 STREET ADDRESS 3750 CANTERBURY DR

1.4 CITY-ST-ZIP BOCA RATON FL 33436 ☒ Change ☐ Addition

2.1 TITLE CLIFFORD GOODMAN

2.2 NAME CLIFFORD GOODMAN

2.3 STREET ADDRESS 6704 MELLING AVE

2.4 CITY-ST-ZIP COTE ST LUC QUEBEC H4W 2C4 ☒ Change ☐ Addition

3.1 TITLE SHARIN GOODMAN

3.2 NAME SHARIN GOODMAN

3.3 STREET ADDRESS 6704 MELLING AVE

3.4 CITY-ST-ZIP COTE ST LUC QUEBEC H4W 2C4 ☒ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

03/16/98

561-883-6007

CR2E034 (10/97)