

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90005 030 ***150.00

DOCUMENT # **F92000000600**

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 the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GOODMAN NORMAN
3750 CANTERBURY DR
BOCA RATON FL 33434

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

TITLE **P** ☐ DELETE

NAME **GOODMAN, NORMAN**
STREET ADDRESS **3750 CANTERBURY DR**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **VCS** ☐ DELETE

NAME **GOODMAN, CLIFFORD**
STREET ADDRESS **5704 NELLING AVE**
CITY-ST-ZIP **COTE ST LUC QU H4W2C**

TITLE **D** ☐ DELETE

NAME **GOODMAN, SHARIN**
STREET ADDRESS **5704 NELLING AVE**
CITY-ST-ZIP **COTE ST LUC QU H4W2C**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

[Signature]

July 2/99 478.0500

CR2E034 (5/99)

Dear Sir:-

July 1/99
582894-9005-30

F92000000000

I, Norman Goodman, am recovering from an emergency 5 By-pass Heart operation and severe stroke.

To my knowledge, I have just received for the first time this profit ^{corporation} annual report 1999 from the Florida Department of State.

Please find enclosed, as per your request, a cheque in the amount of \$150.00, for FEI #65-0387796, paid in full re:- Les Developpements le Rivabourg, Inc.

Thank you Sincerely,
Norman Goodman