

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90229 008 ****61.25

DOCUMENT # F93000004057

1. Corporation Name

ASSOCIATION CANADO-AMERICAINE, INC.

Principal Place of Business
POST OFFICE BOX 989
MANCHESTER NH 03105-0989

Mailing Address
POST OFFICE BOX 989
MANCHESTER NH 03105-0989



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/08/1993

4. FEI Number

02-0105200

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

9. Name and Address of Current Registered Agent

PROVENCHER, DANIEL L
888 SE 3RD AVE.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name Daniel Provencher

82 Street Address (P.O. Box Number is Not Acceptable)
50140 Kensington Circle

83

84 City Coral Springs

FL

85 Zip Code 33076

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 DCP
NAME LEMIEUX, EUGENE A
STREET ADDRESS 52 CONCORD ST.
CITY-ST-ZIP MANCHESTER NH 03101

☐ DELETE

TITLE VPD
NAME LABBE, CHARLES
STREET ADDRESS 3255, RUE HOUE
CITY-ST-ZIP TROIS RIVIERES, QUEBEC

☐ DELETE

TITLE SD
NAME COUTURIER, ROBERT L
STREET ADDRESS 52 CONCORD ST.
CITY-ST-ZIP MANCHESTER NH 03101

☐ DELETE

TITLE TD
NAME PROVOST, ALFRED J
STREET ADDRESS 52 CONCORD ST.
CITY-ST-ZIP MANCHESTER NH 03101

☐ DELETE

TITLE VPD
NAME BEAUDOIN, SERGE J
STREET ADDRESS 122 RUSTIC OAK DR.
CITY-ST-ZIP SOUTHLINGTON CT

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L. Couturier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Couturier 01/22/99 (603)625-

Date

Daytime Phone #8577

CR2E037 (1/98)