

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

FILED
Jun 01 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 # F94000000773 (1)

1. Corporation Name

DANS UN JARDIN FLORIDA, INC.



Principal Place of Business

10211 W SAMPLE RD
#212
CORAL SPRINGS FL 33065
US

Mailing Address

10211 W SAMPLE RD
#212
CORAL SPRINGS FL 33065
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1994

4. FEI Number

65-0445674

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 11939 N.W. 55 St.

Suite, Apt. #, etc.

22

City & State

23 Coral Springs, FL

Zip

24 33076

Country

25 USA

2a. Mailing Address

26 11939 N.W. 55 St.

Suite, Apt. #, etc.

27

City & State

28 Coral Springs, FL

Zip

29 33076

Country

30 USA

9. Name and Address of Current Registered Agent

LEBEL, MARTINE
2524 EAST SUNRISE BLVD.
FT. LAUDERDALE FL 33304-3102

10. Name and Address of New Registered Agent

81 Name Martine Lebel

82 Street Address (P.O. Box Number is Not Acceptable)
11939 N.W. 55 St.

83

84 City Coral Springs

FL

85 Zip Code 33076

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

☐ DELETE

TITLE PD
NAME LEBEL, MARTINE
STREET ADDRESS 2524 EAST SUNRISE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

☐ DELETE

TITLE SD
NAME CHARRON, JOCELYNE
STREET ADDRESS 2524 EAST SUNRISE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

300002543429
-06/02/98--01017--042
***150.00

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:

Martine Lebel

4/29/98 954-255-3500

CR2E034 (10/97)