

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004035 (0)**

1. Corporation Name
EBENISTERIE BEAUBOIS LTEE



Principal Place of Business: **521. 6TH AVENUE P.O. BOX 8 ST GEORGES QUEBEC. CANADA G5Y 5C4**
Mailing Address: **521. 6TH AVENUE P.O. BOX 8 ST GEORGES QUEBEC. CANADA G5Y 5C4**

3. Date Incorporated or Qualified: **08/22/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
**TURCOTTE, MARCEL
2121, POLO CLUB DR., APT #304
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent
81 Name: **TURCOTTE, MARCEL**
82 Street Address (P.O. Box Number is Not Acceptable): **2109, Polo Club Dr., Apt #201**
83
84 City: **Kissimmee** FL 85 Zip Code: **34741**

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: _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCDS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMERLEAU, HERVE	12 NAME	
STREET ADDRESS	785, 18TH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	ST-GORGES QUEST CANADA	14 CITY - ST - ZIP	St-Georges Ouest Canada
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOMBE, FRANCOIS	22 NAME	
STREET ADDRESS	689, ST-CHARLES	23 STREET ADDRESS	
CITY - ST - ZIP	BEAUCEVILLE, QUEBEC	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change of name or attachment with an address.

SIGNATURE: **François Lacombe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24th, 1996 (418) 228-5104
DATE DAY/TIME PHONE #

CR2E034 (12/95)