

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90042 031 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F98000006745**

1. Corporation Name  
**BOMBARDIER CAPITAL FLORIDA INC.**



Principal Place of Business  
12735 GRAN BAY PKWY WEST  
JACKSONVILLE FL 32258

Mailing Address  
12735 GRAN BAY PKWY WEST  
JACKSONVILLE FL 32258

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3540914	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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	PD	<input type="checkbox"/> DELETE			
NAME	ROY, PIERRE-ANDRE				
STREET ADDRESS	12735 GRAN BAY PKWY WEST				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VTD	<input type="checkbox"/> DELETE			
NAME	FILTHAUT, BLAINE H				
STREET ADDRESS	12735 GRAN BAY PKWY WEST				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	CROWE, R W				
STREET ADDRESS	12735 GRAN BAY PKWY WEST				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	KILLACKEY, FRANCIS C				
STREET ADDRESS	12735 GRAN BAY PKWY WEST				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	ROWAN, HELEN C				
STREET ADDRESS	12735 GRAN BAY PKWY WEST				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	MCELROY, PAUL E				
STREET ADDRESS	12735 GRAN BAY PKWY WEST				
CITY-ST-ZIP	JACKSONVILLE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

(see Attachment)

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, with all other like empowered.

SIGNATURE: Elizabeth Mullikin Drake  
Assistant Secretary  
4/21/99 (802) 654-8369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (11/98)

BOMBARDIER CAPITAL FLORIDA INC.  
ADDITIONAL OFFICERS

545413-90042-31

F980000001745

Name	Title	Work Address
Keirman, Joseph F.	Vice President	12735 Gran Bay Parkway West Jacksonville, FL 32258
Rowan, Helen C.	Vice President	12735 Gran Bay Parkway West Jacksonville, FL 32258
McElroy, Paul E.	Vice President	12735 Gran Bay Parkway West Jacksonville, FL 32258
Choquette, Denis	Vice President	12735 Gran Bay Parkway West Jacksonville, FL 32258
Peace, Ronald G.	Vice President	12735 Gran Bay Parkway West Jacksonville, FL 32258
Bialon, Daniel J.	Vice President	12735 Gran Bay Parkway West Jacksonville, FL 32258
Bochette, Donald	Vice President	12735 Gran Bay Parkway West Jacksonville, FL 32258
Giesen, Gregory L.	Vice President	12735 Gran Bay Parkway West Jacksonville, FL 32258
Sorheim, Alphonse L.	Vice President	12735 Gran Bay Parkway West Jacksonville, FL 32258
O'Neill, Jean C.	Assistant Secretary	1600 Mountain View Drive Colchester, VT 05446
Mullikin Drake, Elizabeth	Assistant Secretary	1600 Mountain View Drive Colchester, VT 05446
Baranowsky, Andrew	Assistant Treasurer	1600 Mountain View Drive Colchester, VT 05446
Dolan, James	Assistant Treasurer	1600 Mountain View Drive Colchester, VT 05446