

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:51

DOCUMENT # **G06885** (9)

1. Corporation Name  
**FORTIER AND CO.**

Principal Place of Business  
**1270 NORTH DR.  
NORTH MIAMI BEACH FL 33179-3543  
US**

Mailing Address  
**1270 NORTH DR.  
NORTH MIAMI BEACH FL 33179-3543  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/02/1982** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-2231497** 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 **14051 S.W. 28TH CT.**

2a. Mailing Address  
26 **14051 S.W. 28TH CT.**

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23 **DAVIE, FL.**

City & State  
28 **DAVIE, FL.**

Zip Country  
24 **33330-1187** 25 **US**

Zip Country  
29 **33330-1187** 30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORTIER, ANDRE  
1270 NORTH DR.  
NO MIAMI BCH FL 33179**

81 Name **FORTIER, ANDRE**  
82 Street Address (P.O. Box Number is Not Acceptable) **14051 S.W. 28TH CT.**  
83  
84 City **DAVIE, FL** 85 Zip Code **33330-1187**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>
NAME	<b>FORTIER, ANDRE</b>
STREET ADDRESS	<b>1270 NORTH DRIVE.</b>
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FORTIER, ANDRE</b>	
1.3 STREET ADDRESS	<b>14051 S.W. 28TH CT.</b>	
1.4 CITY-ST-ZIP	<b>DAVIE, FL, 33330-1187</b>	
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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: Andre Fortier **ANDRE FORTIER**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/19/95 (305) 452-6004

DATE DATE