

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H23104** (3)

1. Corporation Name  
**G. LAGUEUX, INC.**



Principal Place of Business: **1835 TAFT STREET HOLLYWOOD FL 33020**  
Mailing Address: **1835 TAFT STREET HOLLYWOOD FL 33020**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified: **09/27/1984**  
3a. Date of Last Report: **03/08/1995**  
4. FCI Number: **59-2446881**  
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. 190.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**LAGUEUX, GILLES  
1835 TAFT STREET  
HOLLYWOOD FL 33020**

**10. Name and Address of New Registered Agent**

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 607.0502, Florida Statutes.

SIGNATURE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VTS</b>	<input type="checkbox"/> DELETE
NAME	<b>LAGUEUX, GILLES</b>	
STREET ADDRESS	<b>1835 TAFT STREET</b>	
CITY-STATE-ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), Florida Statutes. I further certify that the information included on this annual report or supplements 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, the manager 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: *Gilles Lagueur* **GILLES LAGUEUX** 2/30/96 954-923-4143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)