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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H79288

(7)

AUGER & G INVESTMENTS, INC.

FILED
Apr 08 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address	Mailing Address							
1119 49TH ST., #6 BAY #6		1119 48TH ST., #6								
		BAY #6								
MANGONIA PA	ARK FL 33407	MANGONIA PARK FL 3	3407-2343			ļ.,				
US		US				 Date Incorporated or Qualified 10/01/1985 		e of Last 6/1996	Report	
2. Principal Place of Business		2a. Mailing Address	2a. Malling Address			4. FEI Number			pplied For	
21		26	26			59-2584341			lot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			F 0.15	×	\$8.75	Additional		
22		27				5. Certificate of Status Desired			tequired	
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip Countr		itry		8. This corporation has liability for it	tannihle t			
24	25	29	30				Yes No			
=1	9. Name and Address of Curren		1697			10. Name and Address of New Reg				
AU	GER, MAURICE PAUL			B1	Name					
	9 48TH ST., #8					7.3 3.3 3.3 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3		- 		
	NGONIA PARK FL 33407		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptab	e)			
mru	NOUNIA FARK FL 3340/		-	B3						
				03						
			ļ.	84	City			85 Zip	Code	
					·		FL	i '		
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Stat	tutes, the abo	ove	named corpo	oration submits this statement for the pr	irpose of e	changing	its registered	
agent. I a	im familiar with, and accept the obliga	itions of, Section 607,0505.	s authorized Florida Statu	uy ites.	the corporation.	on's board of directors. I hereby accep	the appo	intment a	s registered	
SIGNATURE		,								
SIGNATURE	Signature, typed or printed name of registered ager	nt and liftle if applicable (N	OTL Hegistered	Agen	nt signature requires	d when reinstaling)	JIAD	·		
12.	OFFICERS AND	DIRECTORS	13,			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12	
TITLE	D	DELFTE	1.1 101	E				Change	Addition	
NAME	AUGER, MAURICE PAUL		1,2 NAM	ΛE						
STREET ADDRESS	1119 48TH ST., #6		13.516	£ 1.4	ADORESS					
CITY-ST-ZIP	MANGONIA PARK FL		1.4 CO y							
TITLE		☐ DELETÉ	2.1 1110		-211			Change	Addition	
NAME					1			Onlange		
			2.2 NAM						ļ	
STREET ADDRESS	•				ADDRESS					
CITY-ST-ZIP		T Michie	2. 4 CIT		1-7IP		5° - F	_		
TITLE		☐ DELETE	3.1 TITL				ι	Change	Addition	
NAME			32 NAM		İ					
STREET ADDRESS			3 3 S1RI	EET A	ADDRESS					
CITY-ST-ZIP			3 4. CiT	Y-S1	I - ZIP					
TITLE		☐ DELFTE	4.1 7011	E			Ţ	Change	Addition	
NAME			4. 2 NAM	ΜE					ĺ	
STREET ADDRESS			4.3 STRE	EE1 A	ADDRESS					
CITY-ST-ZIP			4.4 Cily	r- S1-	- ZiP					
TITLE		DELF1E	5.1 31714					Change	Addition	
NAME			5.2 NAM				_	-		
STREET ADDRESS					ADDRESS				ł	
CITY-ST-ZIP									Į	
TITLE		T DELETE	5.4 CITY		- EIP			Change	Addition	
		L_J OLICIE	6.1 1111.1				ı	_1 CHREGE	□1 Manitipii	
NAME			6.2 NAM							
STREET ADDRESS			63 S1RE	ETA	LODRESS					
CiTY-ST-ZIP			6.4 CITY							
34. I do beret	by certify that the information supplied	with this filing does not our	alify for the er	von	notion stated i	in Section 119 07(3)(i) Florida Statutos	Lituribor	partify that	tho	

I do 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 supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or hydreceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.17 pages of the analysis and attachment with an address.