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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

H79288

(7)

AUGER & G INVESTMENTS, INC.

F	ILEL)
Apr 07 1	998	8:00am
Secreta	ary o	of State



Principal Plac	e of Business	Mailing Address				# 1981811 8111 19818 18119 11831 10191 3011 61811 61811 61811 41811 41811 61811 13911 13911
1119 48TH S	T., # 6	1119 48TH ST., #I	3			
BAY #6	ABU 5: 40:00	BAY #6	F4 00403			DO NOT WRITE IN THIS SPACE
US MANGONIA P	ARK FL 33407	MANGONIA PARK US	FL 3340/			3. Date Incorporated or Qualified
00		••				10/01/1985
2. Principal P	lace of Business	2a. Mailing Addres	S			4. FEt Number Applied For
21		26				59-2584341 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			\$8.75 Additional
22		27				Certificate of Status Desired Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Zip	}q	untry		8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Cura	29	30	т		Personal Property Tax due June 30. Yes No
844		ent negistered Agent		81	Name	
	IGER, MAURICE PAUL					
	19 48TH ST., #6			82	Street	et Address (P.O. Box Number is Not Acceptable)
M.P	INGONIA PARK FL 33407			83		
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida	Statutes, the a	bove	e-nameo	d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change	was authorize	d by	the co	orporation's board of directors. I hereby accept the appointment as registered
	in tentiliar with, and accept the ob-	ilgations of, Section 607.00	us, monua sia	itutes	١.	
SIGNATURE	Signature, typed or printed name of registered	agent and tille II applicable.	(NOTE: Registere	d Age	nt signatur	ure required when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELE	TE 1.17	ITLE		Change Addition
NAME	AUGER, MAURICE PAUL		1.2 N	AME		
STREET ADDRESS	1119 48TH ST., #6		1.3\$	TREET	address	3
CITY-ST-ZIP	MANGONIA PARK FL			ITY-S	T - 21P	
TITLE		DELE	TE 2.1 T	ITLE		Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP				CITY-S	T-ZIP	
TITLE		☐ DELE				Change Addition
NAME			3.2 N			
STREET ADDRESS					ADDRESS	6
CITY-ST-ZIP		DELE		CITY-S	T-ZIP	Change Addition
TITLE						1 Change C Addition
NAME				NAME	1000000	,
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELE		HTY-S	1 - 2119	Change Addition
TITLE		ليا اللالا		AME		C Statigo C 7000001
NAME					ADODEÇ O	,
STREET ADDRESS			•		ADDRESS	
CITY-ST-ZIP		DELE		HTY-S	1 - ZIP	Change Addition
TITLE		المال المال	6.2 N			
NAME CTOCCT ADDDCCC					ADDRESS	
STREET ADDRESS						·
CITY-ST-ZIP			6.40	ITY-S	I-ZIP	ded in Caption 110 03/0Vi) Florida Ctatutos I furling partity that the information

4. 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 true 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 of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of