

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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J06749

(2)

1. Corporation Name

J. LACROIX ENTERPRISES, INC.

Principal Place of Business

% JON LACROIX  
15100 S.W. 26TH STREET  
DAVIE FL 33326

Mailing Address

% JON LACROIX  
15100 S.W. 26TH STREET  
DAVIE FL 33326-2002

3. Date Incorporated or Qualified  
03/28/1986

3a. Date of Last Report  
07/18/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

4. FEI Number

59-2770615

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

9. Name and Address of Current Registered Agent

LACROIX, JON  
15100 S.W. 26TH STREET  
DAVIE FL 33326

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 607.0505, Florida Statutes.

SIGNATURE

Signature type must be that of registered agent and the corporation.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS         | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|------------------|------------------------|-----------------|---------------------------------|
| DP    | LACROIX, JON     | 15100 S.W. 26TH STREET | DAVIE FL        | <input type="checkbox"/>        |
| DS    | LACROIX, EARLINE | 15100 S.W. 26TH STREET | DAVIE FL        | <input type="checkbox"/>        |
| DV    | LACROIX, WARREN  | 15100 S.W. 26TH STREET | DAVIE FL        | <input type="checkbox"/>        |
|       |                  |                        |                 | <input type="checkbox"/>        |
|       |                  |                        |                 | <input type="checkbox"/>        |
|       |                  |                        |                 | <input type="checkbox"/>        |
|       |                  |                        |                 | <input type="checkbox"/>        |

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 |                                 |                                   |

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0286074

CR2E034 (9/96)