FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J84055** **(9)**

1. Corporation Name

AUCOIN DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
2920 S.W. 22ND CIR. # 19 B1 DELRAY BEACH FL 33445	6421 CONGRES AVE SUITE 103 BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 07/23/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2830936 ☐ 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: 1160 SW 19 St
22: Suite, Apt. #, etc.:
23: City & State: Boca Raton, Fl
24: Zip: 33464 25: Country: PBC

2a. Mailing Address
26: 6590 10 Rogers Circle Congress
27: Suite, Apt. #, etc.: 7
28: City & State: Boca Raton Fl.
29: Zip: 33487 30: Country: PBC

9. Name and Address of Current Registered Agent

AUCOIN, RALPH C.
2920 S.W. 22ND CIRCLE
APT. 19 B1
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name: Jeffrey Greenberg
82 Street Address (P.O. Box Number is Not Acceptable): 5550 Glades Road
83: Suite 401
84 City: Boca Raton FL 85 Zip Code: 33431

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: Jeffrey L. Greenberg — 6/27/96
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AUCOIN, RALPH C.	
STREET ADDRESS	2920 S.W. 22ND CIR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VSD	☐ DELETE
NAME	AUCOIN, CLAYTON	
STREET ADDRESS	2920 S.W. 22ND CIR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	1160 SW 19th Street	
14 CITY-ST-ZIP	Boca Raton, Fl. 33464	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	200001905912	☐ Change ☐ Addition
52 NAME	-07/26/96--01075--033	
53 STREET ADDRESS	***200.00	
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Ralph — Pres. — 4/25/96 — (407) 241-9877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #