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Apr 29 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 # J84055   (9)
1. Corporation Name

AUCOIN DEVELOPMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
1160 SW 19TH ST. BOCA RATON FL 33464	6590 W ROGERS CIR. #7 BOCA RATON FL 33487-2739 US

3. Date Incorporated or Qualified	3a. Date of Last Report
07/23/1987	05/01/1996

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number 59-2830936	Applied For Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State	23	City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24	25	29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
GREENBERG, JEFFREY 5550 GLADES RD. STE. 401 BOCA RATON FL 33431	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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PD**	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	**AUCOIN, RALPH C.**		1.2 NAME			
STREET ADDRESS	**1160 SW 19TH ST.**		1.3 STREET ADDRESS			
CITY-ST-ZIP	**BOCA RATON FL 33464**		1.4 CITY-ST-ZIP			
TITLE	**VSD**	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	**AUCOIN, CLAYTON**		2.2 NAME			
STREET ADDRESS	**2920 S.W. 22ND CIR.**		2.3 STREET ADDRESS			
CITY-ST-ZIP	**DELRAY BEACH FL**		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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: _____

CR2E034 (9/96)