SECOI NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMO: DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750)

PROFIT CORPORATION ANNUAL REPORT

1998 9

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

DOCUMENT # K77402 (1)

1. Corporation Name
LUCERNE INVESTMENT CO., INC.

[redacted]

Principal Place of Business	Mailing Address
C/O LOUISE BAUR COTE 910 NORTH PALMWAY LAKE WORTH FL 33460	C/O LOUISE BAUR COTE 910 NORTH PALMWAY LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 4907 Boul Rosemont # I
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Montreal, Que.
City & State 23	City & State 28 Canada
Zip / Country 24 / 25	Zip / Country 29 H1T 2E6 / 30

3. Date Incorporated or Qualified: 04/04/1989
4. FEI Number: 65-0183126 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COTE,LOUISE BAUR
910 NORTH PALM WAY
LAKE WORTH FL 33460

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 607.1506, 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 _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: For named Agent, signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTE, LOUISE BAUR 910 NORTH PALMWAY LAKE WORTH FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition 400002798814- -4 -03/05/99--01120--016 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COTE, ROGER 910 NORTH PALMWAY LAKE WORTH FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 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: Roger COTE SIGNATURE REQUIRED February 22, 1999

CR2E034 (5/98)