

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # K81337

(3)

T. Corporation Number

AUCOIN PROPERTIES, INC.

MAY -1 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2920 S.W. 22ND CIRCLE
DELRAY BEACH FL 33445

Mailing Address
2920 S.W. 22ND CIRCLE
DELRAY BEACH FL 33445

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 04/19/1989
3a. Date of Last Report 04/08/1994

4. FEI Number 65-0117901
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 taken, for filing with the Secretary of State, the Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite Apt. # etc.

26. Suite Apt. # etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Principal Officer or Director

25. Principal Officer or Director

29. 33487

30. PB

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0102 and 607.1408 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 607.0105 Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	AUCOIN, C V
STREET ADDRESS	2564 SCENIC CIRCLE
CITY, ST, ZIP	SENECA SC 29678
TITLE	STD
NAME	AUCOIN, CLAIRE R
STREET ADDRESS	2564 SCENIC CIRCLE
CITY, ST, ZIP	SENECA SC 29678
TITLE	VD
NAME	AUCOIN, RALPH C
STREET ADDRESS	2920 S.W. 22ND CIRCLE
CITY, ST, ZIP	DELRAY BEACH FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 149.07(3)(b) Florida Statutes. Further, I certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 887, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95

(42) 241-9877