

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K83777** (8)

1. Corporation Name

G.E.P.M. SERVICES, INC.



Principal Place of Business

Mailing Address

**4010 GALT OCEAN DRIVE
#511
FT LAUDERDALE FL 33308**

**4010 GALT OCEAN DRIVE
#511
FT LAUDERDALE FL 33308**

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOUTIN, DIANE Y.
5100 BAYVIEW DR., #105
FT. LAUDERDALE FL 33308-0459**

81 Name **Rollande D Boutin**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **4010 Galt Ocean Dr #511**

84 City **Ft lauderdale**

FL

85 Zip Code **33308**

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

Rollande D Boutin Pres

4-20-96

Signature by filer provides notice of registered agent and the applicable

Notice of Registered Agent's duties and responsibilities including

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**P
BOUTIN, ROLLANDE D.
4010 GALT OCEAN DR #511
FT. LAUDERDALE FL 33308**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**ST
BOUTIN, DIANE Y
5100 BAYVIEW DRIVE, #105
FT. LAUDERDALE FL 33308**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE **ST** 2.2 NAME **Lise Beaudette** 2.3 STREET ADDRESS **1721 Arrow Wood Dr** 2.4 CITY-ST-ZIP **Charlottesville VA 22902** ☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Rollande D Boutin

Rollande D Boutin

4-20-96

954-564-2484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Business Phone #

CR2E034 (12/95)