

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001526514
-06/29/95--01014--007
***200.00 ***200.00

DOCUMENT #

1. Corporation Name

178911
MOSEAU GROUP, Inc.

Principal Place of Business

Mailing Address

6803 W. COMMERCIAL BLVD 6803 COMMERCIAL BLVD
TAMALAC, FL 33319 TAMALAC, FL
33319

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

6/5/90

5/94

4. FE Number

Applied For

65-0209771

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

2a. Mailing Address

21 6803 W. COMMERCIAL BLVD

26 6803 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMALAC, FL

28 TAMALAC, FL

Zip

Country

Zip

Country

24 33319

25 USA

29 33319

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVEN N. MOSHER
15521 CARRIDGE CT
DAVIE, FL 33331

81 Name

STEVEN MOSHER

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

15521 CARRIDGE CT

83

84 City

DAVIE

FL

85 Zip Code

33331

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

STEVEN N. MOSHER

(NOTE: Registered Agent signature required when registering)

DATE

5/22/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SEC. TREAS. D.
NAME	STEVEN MOSHER
STREET ADDRESS	15521 CARRIDGE CT
CITY - ST - ZIP	DAVIE, FL 33331
TITLE	PRES. D.
NAME	JAMES LAFAVE
STREET ADDRESS	6040 SW 19 ST
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STEVEN N. MOSHER

5/22/95 305-7202100

Date

Define Phone #