

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L88031

(4)

1. Corporation Name

DUBE' ENTERPRISES, INC.



Principal Place of Business

P O BOX 3236
BOYNTON BEACH FL 33424-3236
US

Mailing Address

P O BOX 3236
BOYNTON BEACH FL 33424-3236
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date of Appointment or Qualified

07/19/1990

3a. Date of Last Report

03/30/1995

4. FEI Number

15-6228234

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 liability for intangible tax under s. 119.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DUBE', J. STANLEY
2734 CRANBROOK DR
BOYNTON BEACH FL 33436

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 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this report

Signature of Registered Agent or person authorized to execute this report

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
PTD	DUBE', J. STANLEY	2734 CRANBROOK DR	BOYNTON BEACH FL	
CVD	DUBE, BARBARA B	2734 CRANBROOK DR	BOYNTON BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY - ST - ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. S. Dube' Pres. 4/6/96

407-369-8609

CR2E034 (12/95)