FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Montesm ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)M41272 **DOCUMENT #** OCEAN TERRACE PROJECT 1986, INC. Mailing Address Principal Place of Business % JACQUES PROVENCHER * JACOUES PROVENCHER 6040 NORTH 4TH TERR. 6040 NORTH 4TH TERR. HOLLYWOOD FL 33019 3a. Date of Last Report 3. Date Incorporated or Qualified HOLLYWOOD FL 33019 07/24/1995 11/06/1986 Applied For 4. FLI Number 2a. Mailing Address 2. Principal Place of Business CORRECT -59-2745450 Not Applicable MODRESS CORRECT -\$8.75 Additional DRETE & JASQUES 5. Certificate of Status Desired Fee Required DECETE & JA COUES \$5.00 May Be 6. Election Campaign Financing PROVENCHER City & State Added to Fees PROVENCHER Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s. 199 032, Country Country Žφ Yes XNo Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLI AM 82 PROVENCHER, JACQUES 6040 NORTH 4TH TERR. 63 HOLLYWOOD FL 33019 LAUDER DALE submits this statement for the purpose of changing its registered office directors. Thereby accept the appointment as registered agent. I am Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation sor registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of dramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. JACKSON WILLIAM ۷. CR2E034 (12/95) SIGNATURE Signature, lyped or printed name of DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELETE TITLE 1.2 NAM! **BOURASSA, MAURICE** 1.3 STREET ADDRESS 6040 NORTH 4TH TERR. STREET ADDRESS 14 CITY - \$1 - ZIP HOLLYWOOD FL CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME D'ORSONNENS, PIERRE-LUC NAME 2.9 STREET ADDRESS 6040 NORTH 4TH TERR. STREET ADDRESS 2 4 City - ST - ZiF HOLLYWOOD FL ☐ Addition City - St - ZiP ☐ Change DELF1E 3 1 T-ILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - S1 - ZiP ☐ Addition CITY - \$1 - ZIF Change T DELETE 4 1 THEE TITLE 4.2 NAMe 4.3 STREET ADDRESS 300001797943 STREET ADDRESS 4 4 CITY - \$1 - ZIP -04/29/96--01028--CITY - ST - ZIP Addition DELETE 5 1 THILE ***280.00 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 C/TY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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 while annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the corporation or the report of it trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name report or an accurate an additional statutes. & 4 CHTY - ST - ZIP

OURASSA

an address.

CITY-S1-ZiP

14. I do hereby certify that the informatio certify that the information indicated path; that I am an officer or directors appears in Block 12 or Block 13 if

SIGNATURE: