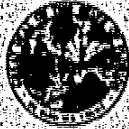


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:41

DOCUMENT # M42212

(4)

1. Corporation Name
SAN TLE, INC.

Principal Place of Business

**2021 S.W. JUDITH LANE
PORT ST. LUCIE FL 34953-8966**

Mailing Address

**2021 S.W. JUDITH LANE
PORT ST. LUCIE FL 34953-8966**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1986

3a. Date of Last Report
04/27/1994

4. FEI Number
59-2745197

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**LABOSSIÈRE, MARC
2500 HOLLYWOOD BLVD
SUITE 715 SUITE 215
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 agent 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCS**
NAME **CHOVINARD, ALAIN**
STREET ADDRESS **2021 S.W. JUDITH LANE**
CITY - ST - ZIP **PORT ST. LUCIE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/T**

1.2 NAME **DIANE FALARDEAU**

1.3 STREET ADDRESS **2021 S.W. JUDITH LANE**

1.4 CITY - ST - ZIP **PORT ST. LUCIE FL 34953-1966**

2.1 TITLE **PC**

2.2 NAME **ALAIN CHOVINARD**

2.3 STREET ADDRESS **2021 S.W. JUDITH LANE**

2.4 CITY - ST - ZIP **PORT ST. LUCIE FL 34953-1966**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(3)(b), 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: *Diane Falardeau*
DIANE FALARDEAU

4/7/95

407-340-3125