

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M54290** (5)

95 JAN 17 PM 12:04

1. Corporation Name

MARCOUX INTERIORS INC.

Principal Place of Business

**1056 N HIATUS RD
PEMBROKE PINES FL 33026**

Mailing Address

**1056 N HIATUS RD
PEMBROKE PINES FL 33026**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

06/22/1987

3a. Date of Last Report

03/01/1994

4. FFI Number

65-0268745

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. The corporation has liability for intangible tax under § 199 (32),
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. # etc.

22

Suite, Apt. # etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCOUX, RONALD L.
1056 N. HIATUS RD
PEMBROKE PINES FL 33026**

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 (0402) 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 this 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 (0405), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS (If 12)

NAME: **PD MARCOUX, RONALD L.**
STREET ADDRESS: **1056 N HIATUS RD**
CITY, STATE, ZIP: **PEMBROKE PINES FL**

NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, STATE, ZIP: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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CITY, STATE, ZIP: ☐ Change ☐ Addition

14. I, the undersigned, certify that this information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 199 (32), Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report, if any, and is accurate and that my signature shall have the same legal effect as if made under oath. That report or reports or either of them is or are filed on the date of this report or reports as required by Chapter 607, Florida Statutes, and that my name appears on the report or reports as required by Chapter 607, Florida Statutes, and that my name appears on the report or reports as required by Chapter 607, Florida Statutes.

SIGNATURE:

Ronald L. Marcoux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95 305/438 9384
DATE AND FILING NUMBER