FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # M93750

LACROIX REALTY OF QUEBEC, INC.

						<u> </u>	
Principal Place of Business Mailing Address							
3018 LAKE SHORE DRIVE FT. LAUDERDALE FL 33312			3018 LAKE SHORE DRIVE FT. LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE	
						The state of the s	
						3. Date Incorporated or Qualifed 08/11/1988	
2. Principal Pl	ace of Business	2a. Mailing Ad	dress			4. FEI Number Applied For	
21		26				65-0065741 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				5. Certificate of Status Desired	
City & State	e	City & Sta	te		· ····	6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ıntry		This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. Yes No	
	9. Name and Address	of Current Registered Agen	ıt	Ļ.,		10. Name and Address of New Registered Agent	
				81	Name		
LACROIX, RACHEL R.				82	Street Addre	ress (P.O. Box Number is Not Acceptable)	
242 S. FEDERAL HWY.							
DANI	IA FL 33004		•	83		····	
				84	City	85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 3. 			04	City	FL 10 2 5 5 5 5 5 5 5 5 5		
office or re	agistared agent or both in	the State of Florida, Such ch	ande was authorized	n by i	ine corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Stonature, typed or printed name of	registered agent and title if applicable.	(NOTE: Registered	d Agen	t signature required	d when reinstating) DATE	
12.		ICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р		DELETE 1.1 T	ITLE		Change Addition	
NAME	LACROIX, RACHEL R.		1.2 N	AME			
STREET ADDRESS	3018 LAKE SHORE D		1.3 S	TREET	ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	••	1.4 C	ITY-S1	r-ZIP		
TITLE	7 11 2 10 20 11 11 11 11		DELETE 2.1 T		-	☐ Change ☐ Addition	
NAME			2.2 N	AME			
STREET ADDRESS			23\$	TREET	ADDRESS		
CITY-ST-ZIP			2.40	CITY-S	T-ZIP	•	
TITLE			DELETE 3.1 T			Change Addition	
NAME			3.2 N	IAME		•	
STREET ADDRESS			3.3 \$	TREET	ADDRESS		
CITY-ST-ZIP				CITY-S			
TITLE			DELETE 4.1 T			☐ Change ☐ Addition	
NAME			4,21	VAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				:TY-S1			
TITLE			DELETE 5.1 T			Change Addition	
NAME				IAME			
STREET ADDRESS			5.3 \$	TREET	ADDRESS		
CITY-ST-ZIP			5.4 C	ITY-SI	T-ZIP		
TITLE			DELETE 6.1 T	MΕ		☐ Change ☐ Addition	
NAME		_	6.2 N	IAME			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RACHEL LACROIX 2/22/99 954-966-8588

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90206 005 ***150.00