

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000000920 (9)

1. Corporation Name

CANADIAN AMERICAN CLUB, INC.

400001828784

-05/20/96--01034--030

\*\*\*61.25



Principal Place of Business

5271 SW 22 TERR  
FT LAUDERDALE FL 33312

Mailing Address

5271 SW 22 TERR  
FT LAUDERDALE FL 33312

3. Date Incorporated or Qualified  
02/15/1993

3a. Date of Last Report  
04/06/1995

2. Principal Place of Business

21 2460 S.W. 51<sup>ST</sup> STREET  
Suite, Apt. #, etc.

22

23 FORT LAUDERDALE  
City & State

24 33312  
Zip

25  
Country

2a. Mailing Address

26 2460 S.W. 51<sup>ST</sup> STREET  
Suite, Apt. #, etc.

27

28 FORT LAUDERDALE  
City & State

29 33312  
Zip

30  
Country

4. FEI Number  
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVESQUE, SIMON  
5271 SW 22 TERR  
FT LAUDERDALE FL 33312

81 Name  
CLEMENT LAPOINT  
82 Street Address (P.O. Box Number is Not Acceptable)  
2460 S.W. 51<sup>ST</sup> STREET  
83  
84 City  
FORT LAUDERDALE FL  
85 Zip Code  
33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Clement Lapoint*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

APRIL 30/1996  
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DION, RACHELLE	
STREET ADDRESS	5210 SW 22 TERR	
CITY - ST - ZIP	FT LAUDERDALE FL 33312	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FERLAND, MICHELINE	
STREET ADDRESS	5241 SW 23 TERRACE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LEVESQUE, SIMON	
STREET ADDRESS	5271 SW 22 AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CREPEAU, MIREILLE	
STREET ADDRESS	5250 SW 23 AVE	
CITY - ST - ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELISLE, DENIS	
STREET ADDRESS	5261 SW 23 AVE	
CITY - ST - ZIP	FT LAUDERDALE FL 33312	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CORRIVEAU, ODETTE	
STREET ADDRESS	5200 SW 29 TERR	
CITY - ST - ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUTEAU MICHELINE	
1.3 STREET ADDRESS	5282 S.W. 22 AVENUE	
1.4 CITY - ST - ZIP	FORT LAUDERDALE 33312	
2.1 TITLE	V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FILION YOLANDE	
2.3 STREET ADDRESS	2181 S.W. 52 STREET	
2.4 CITY - ST - ZIP	FORT LAUDERDALE 33312	
3.1 TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAQUETTE ANTONIA	
3.3 STREET ADDRESS	5201 S.W. 22 AVENUE	
3.4 CITY - ST - ZIP	FORT LAUDERDALE 33312	
4.1 TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LAPOINT, CLEMENT	
4.3 STREET ADDRESS	2460 S.W. 51 STREET	
4.4 CITY - ST - ZIP	FORT LAUDERDALE	
5.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FERLAND MICHELINE	
5.3 STREET ADDRESS	5241 S.W. 23 TERRACE	
5.4 CITY - ST - ZIP	FORT LAUDERDALE 33312	
6.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CORRIVEAU ODETTE	
6.3 STREET ADDRESS	5200 S.W. 29 TERRACE	
6.4 CITY - ST - ZIP	FORT LAUDERDALE 33312	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Clement Lapoint*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5/1996  
DATE

954  
983-7637  
Daytime Phone #

CR2E037 (12/95)