

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000000014 (8)
1. Corporation Name
SAINT'S SANCTUARY, INC.



Principal Place of Business 301 NE 30 CT POMPANO BEACH FL 33064 US	Mailing Address 301 NE 30 CT POMPANO BEACH FL 33064-4522 US
--	---

3. Date Incorporated or Qualified 12/22/1995	3a. Date of Last Report 05/01/1996
4. FEI Number APPLIED FOR 65-0728742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 301 NE 30 CT Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Pompano Beach FL	27 City & State 28
24 Zip 33064 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent
**JENKINS, KEITH
4119 N DIXIE HWY
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D POB FOR	<input type="checkbox"/> DELETE
NAME	GILLIS, MATHIEU	
STREET ADDRESS	301 NE 30TH CT	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERRE, CLAUDE	
STREET ADDRESS	301 NE 30TH CT	
CITY-ST-ZIP	POMPANO FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CEREMY, VICTOR	
STREET ADDRESS	3050 CIRAL SPRINGS DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKINS, KEITH	
STREET ADDRESS	4119 N DIXIE HWY	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Mathieu Gillis*

CR2E037 (9/96)