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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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P92000000201 (3) **DOCUMENT #**

GIROUX	ENTERI	PRISES,	INC.
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GIROU	X ENTERPRISES, INC.									
Principal Place	of Business	Mailing Address					A SERVICE DE PART EST		itl u f ful 14 0 1 1801	
2320 CUALEY	W RD	2320 CURLEW RD								
5) F1 04000	5	5							
PAL HARBOF US	1 FL 34683	PALM HARBOR FL 3 US	PALM HARBOR FL 34683 US			3. Date incorporated or Qualified 10/26/1992	3a. Date	of Last F		
2. Principal Pla 21	ace of Business	2a. Mailing Address	· 1			4. FEI Number 59-3148982	_1		Applied For	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required	
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be ed to Fees	
Zip 24	Country 25	Zip	Country			8. This corporation has liability for				
	9. Name and Address of Curre	29 ent Registered Agent	30	10]		Florida Statutes X Yes No 10. Name and Address of New Registered Agent				
			81	il N	Name	TO, Maine Bild Address of New P	tegistered A	igent		
GIROUX	, andre jr						·			
2320 CL	IRLEW RD		82	3 8	Street Address	ddress (P.O. Box Number is Not Acceptable)				
Palm H	ARBOR FL 34683		83	3						
			84	i	City			85 Z	'ip Code	
11. Pursuant to or registere familiar wit	o the provisions of Sections 607,050; ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	i2 and 607.1508, Florida Stati rida: Such change was author ction 607.0505, Florida Statut	utes, the above- rized by the corp es.	l nan oora	ned corporation's board	ion submits this statement for the pur of directors. I hereby accept the app	rpose of cha ointment as	 nging its registered	registered office d agent. Lam	
SIGNATURE _										
12.	Signature, typed or printed name of registered age:	nt and the TappNosblk (f ND-D-RE CTORS	(NOTi: Brigistered Age	nt sig	grature required wil		DATE			
TITLE	PT	DELETE	13. 1 1 THLE			ADDITIONS/CHANGES TO OFF		DIRECTO 1 Change		
NAME	GIROUX, ANDRE JR		1.2 NAMÉ				L) Ghange	L.J. Maukion	
STREET ADDRESS	2480 CYPRESS POND ROAD				DRESS					
CHTY-ST-ZIP	PALM HARBOR FL 34683			14 CHY-ST-ZIP						
TITLE	VS	[] DELETE	2 t TITLE		·		Γ	1 Change	Addition	
NAME	BRYAN, MICHAEL		2.2 NAME							
STREET ADDRESS	29781 66TH WAY N		2 3 STREE	I ADE	DRESS					
CITY - ST - ZIP	CLEARWATER FL		24017-5	\$1 - <i>7</i> 1	'iF'					
TITLE		[] DELETE	3 1 1111] Change	[] Addition	
NAME			3 2 NAME							
STREET ADDRESS			3.3 STREE	LADI	ORESS					
CITY-ST-ZIP			3 4 CITY - 5	S1 - ZI	TP					
THILE		[] DELFTE	4. 1 TITLE] Change	Addition	
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREE	(ADC	ÜRESS					
CITY-ST-ZIP		4 ···	4.4 CHY-S	\$1 - 71	IP.					
TITLE		["] DELFTE	5 1 TITLE] Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5 3 STREFT	T ADD	DRESS					
CITY-ST-ZIP			5.4 C/TY - S	ST - Z:	₽.					
TITLE		☐ DELETE	6 1 TAILE				Ē] Change	☐ Addition	
NAME	*.	0	6.2 NAME							
STREET ADDRESS			63 STREET		Ī					
CHY-SI-ZIP	certify that the information superfied	with this films in voluntarily for	6.4 City - 5	\$1 - Z0	P	the consistent state of the Constitution				

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 frusted 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 of an attainment with an adverse.

SIGNATURE:

YPED OR PRIMITED AME OF SIGNING OFFICER OR DIRECTOR

4/36/96 (813) 764-3498