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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000007662 (9)**

1. Corporate Name
ILE DEFRANCE, INC.

Principal Place of Business	Mailing Address
13911 OLD DIXIE HWY HUDSON FL 34667	13911 OLD DIXIE HWY HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/24/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3150368** ☐ Applied For ☐ Not Applicable
Suite, Apt. # etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOUCKAERT, MICHELE
13911 OLD DIXIE HWY
HUDSON FL 34667

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 Section 607.0505 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 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 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
(1) NAME, STREET ADDRESS, CITY, ST, ZIP: P BOUCKAERT, MICHELE 15603 OLD DIXIE HWY HUDSON FL 34667	(1) TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP ☐ Change ☐ Addition
(2) NAME, STREET ADDRESS, CITY, ST, ZIP	(2) TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP ☐ Change ☐ Addition
(3) NAME, STREET ADDRESS, CITY, ST, ZIP	(3) TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP ☐ Change ☐ Addition
(4) NAME, STREET ADDRESS, CITY, ST, ZIP	(4) TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP ☐ Change ☐ Addition
(5) NAME, STREET ADDRESS, CITY, ST, ZIP	(5) TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP ☐ Change ☐ Addition
(6) NAME, STREET ADDRESS, CITY, ST, ZIP	(6) TITLE, NAME, STREET ADDRESS, CITY, ST, ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this 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 1, 12, or 13 of this report or on an attachment with an address.

SIGNATURE: X _____ 4/28/95 (813)863 7994
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0384060 CP