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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P92000010345 (6) DE GAULLE, INC.) 188/1881 (18 181/8 110/1 88/1/ 88/1/ 88/1/ 88/1/ 88/1/ 88/1/ 88/1/ 88/1/ 88/1/ 88/1/ 88/1/ 88/1/ 88/1/ 88/1/	
Principal Place of Business 2260 EAST HIGHWAY 192 KISSIMMEEE FL 34744		Mailing Address 2260 EAST HIGHWAY 192 KISSIMMEEE FL 34744			
				3. Date Incorporated or Qualified 3a. 12/07/1992	Date of Last Report 03/31/1995
	ace of Business Box 692421	2a. Mailing Address 26 P.O.BOX	692421	4. FEI Number	Applied For
Suite, Apt. 4		26 <i>P. O. B.O.X</i> Suite, Apt. #, etc.	. 0/0/21	59-3154928 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		City & State			Fee Required
	ando 71.	28 Orlunde	ァーチノ	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zip} 328	Country 25 9. Name and Address of Current		Country 30	8. This corporation has liability for intangib Florida Statutes Yes ☐ No	0
	9. Manie and Address of Current	negistered Agent	81 Name	10. Name and Address of New Register	ed Agent
DE GAULLE, DENNAOUI 2260 EAST HIGHWAY 192 KISSIMMEE FL 34744			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
A	MLC IL 04/44		84 City		
				F	EL 85 Zip Code
SIGNATURE	ed agent, or both, in the State of Florid h, and accept the obligations of, Section Sphatter, typed or primod name of registered agent in	Pribur.0000, Florida Statutes.	by the corporation's boar	ation submits this statement for the purpose of d of directors. Thereby accept the appointmen	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	D CALUE DEMIALION	☐ DELETE	1:1111.6		Change Addition
NAME DE GAULLE, DENNAUOI STREET ADDRESS 2260 E 192			1.2 NAME 1.3 STREET ADDRESS 22.2	13 N Butler Bay Prive Indermere 71. 34786	
CHTY-ST-ZIP	KISSIMMEE FL 34744		14 Crty-St-ZiP	indermere H. 3478	6
THILE		DELEJE			Change Addition
NAME Street address			2.2 NAME 2.3 STREET ADDRESS		
CiTY-ST-7IP			2.4 City - S1 - ZiF		
THILE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STHEET ADDRESS 3.4 City - St - Zip		
TITLE	77777	DELETE	4 : TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		[] DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME		<u> </u>	52 NAME * ***	0000017604	41D
STREET ADDRESS			5.3 STREET ADDRESS	0000017604 -03/28/9601017 ***220.00	-015
C-TY-ST-ZIP			5.4 CITY - ST - 7IP	***220.00	
TITLE NAME		☐ DELETE	6 1 TITLE		Change Addition
STHEET ADDRESS			6.2 NAME		ab ab
CITY-S1-2IP			6.3 STREET ADDRESS 6.4 CITY - STI- ZIP		21-37-10
14. I do hereby	certify that the information supplied wi	th this filing is voluntarily furnish	ed and does not qualify to	r the exemption stated in Section 119.07(3)(k).	Florida Statutes. I further
certify that I	the information indicated on this annua	l réport or suppiernental annual	report is true and accurate	e and that my signature shall have the same le report as required by Chapter 607, Florida Sta	gat affect as if mode under

SIGNATURE

Or Caulle Ochnami 3-19-96 (401)-244-2020
ER OR DIRECTOR