FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000015429 (3)

LEVASSEUR ENTERPRISES, INC.

Principal Place of Business Mailing Address																
2027 GRAND B HOLIDAY FL 34	LVD.	P.O. BOX	P.O. BOX 3024 HOLIDAY FL 34690-0024					2"								
									3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1992 07/16/1996							
2. Principal Pl	ace of Bus	2a. Mailin	2a. Mailing Address					4. FEI N	umber	·····				\pplied	For	
21		26						59-	3158083					lot App		
Suite, Apt	#, elc.	 	Suite, Apt #, etc.					5. Certifi	cate of Sta	tus Desired	t		\$8.75			
22 City & State		27 Cdv &	Crty & State					C Clastic	Con	Financia				Require		
23	,•	ļ	28						on Campai Fund Cont	ign Financin ribution	_		,	May I		
Zip	Zip Country			Zip Cou			ry B. This corporation has t				iability for intangible tax under s. 199.032,					
24	25		29	29 30		·			Florida Statutes Yes No							,
	9. Name	and Address of Curre	nt Registered A	gent					IO. Name	and Add	ress of Nev	w Regi	istered /	Agent		
		robert L Jr.				81	Name	ı								
2179 HOL			82 Street Address (P.O				x Number	is Not Acce	ptable	8)						
.,••											······································					
1							City		FL 85					85 Zij	ip Code	
11. Porsuant I	to the provi	sions of Sections 607.050	02 and 607.1508	, Florida Statu	ites, the a	above	-name	d corpora	ition subn	nits this sta	lement for t	the pu	rnose of	changing	its regi	stereo
office or n	egistered a m <u>if</u> amiliar v	gent, or both, in the State vith, and accept the oblig	e of Florida. Suc pattens of, Section	n change was on 607.0505, F	lautnoriza Iorida Sta	ea by atutes	/ the co 3.	rporation	s board o	of directors	i. I hereby a	iccept	the app	iointment a	is regist	erea
SIGNATURE	Polent	d or printed name of registered ag	offer 1	Pess		····					·····			1-25-	17_	
12.	Signature, type	d of printed name of registered ag OFFICERS AN	ID DIRECTORS	tile (NO	TE: Register		nt signatu	re required w	hen reinstati		NGES TO O	FFICE	DATE RS AND	DIRECTO	RS IN	12
TITLE	P	311 TO 1.11 TO	IS BILLETONE	DELETE	1.1 1		· · · · · · · · · · · · · · · · · · ·	T						Change		Addition
NAME	LEVASS	EUR, ROBERT L JR		1.21			1.2 NAME									Ì
STREET ADDRESS				1.3 \$			1.3 STREET ADDRESS									
CITY-\$1-ZIP		Y FL 34690			1.4 (CITY-S	T- ZIP									
TIFLE	VD	W. A. A. A. A. A. A. A.		DELETE	2.11	TITLE		Ì						Change		Addition
NAME		EUR, JAMES J			1	NAME							,			Ì
STHEET ADDRESS	MOUNTAN EL MARON						2 3 STREET ADDRESS									
City-St-ZiP	STD	1 FL 3409U		DELETE		CITY-S TITLE	ST-ZIP							Change	- F1	Addition
TITLE NAME		EUR, DEBORAH		C DEFEIR		NAME		1						C. Criange		Aconion
STREET ADDRESS		KIE GARDEN LOOP					ADDRESS									ĺ
City - ST - ZiP	LIQUIDAY PLATAGA						3.4. CITY-ST-ZIP									
THUE				DELETE		TITLE	<u> </u>	1						Change		Addition
NAME					4.2	NAME										
STREET ADDRESS	EFT ADDRESS			4.3 S			ADDRESS									ĺ
City - St - 7iP					4.44	CITY-5	T-ZIP									
TITLE				DELETE		TITLE								☐ Changi		Addition
NAME					5.2 NAME											ļ
STREET ADDRESS							ADDRESS									
CITY-ST-ZIP				DELETE		CITY-S	T-ZIP	 						☐ Change		Addition
I TITLE I				DELETE		TITLE		1						Unange	· L_	Addition
NAME					NAME										, [
STREET ADORESS					5.3 8	o i HEET	ADDRESS	1								

6.4 CITY - ST - ZIP

infinual opont is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information surplied 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 poport is true and accurate and that my signature shall have the same legal effect as if made under 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 12 or Block 13 if charged, or on an attachment with an address.