Apr 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300054100

1. Corporation Name

SOCIAL CLUB LE RENDEZ-VOUS INC.

Principal Place	of Rusiness	Mailing Address				11001100		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		••
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4850 NW 29TH	Çī	4850 NW 29TH CT 123								
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03		00				08/02/199				
		To the state of th	_			4. FEI Number			A	plied For
2. Principal Pl	lace of Business	2a. Mailing Address				1			<u> </u>	
21						65-04427	65			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of	Status Desired		·	Additional
22		27				G. Continuation			Fee Re	equired
City & State	<u> </u>	City & State				6. Election Car	mpaign Financing		\$5.00	May Be
23		28				Trust Fund	Contribution	لسا	Added	to Fees
Zip	Country	Zip	Cou	ntry		8 This corpora	ation owes the curr	ent vear Inta	naible	
	25	29	30	-		Personal Pre			∐Yes	⊠No
24)	9. Name and Address of Current	<u></u>	190				Address of New F	Registered A	laent	_
	9. Name and Address of Current	Kadistaran Adaut		81	Name	10. Italiic and			9	_
DOD	ITAILLE, ROBERT			٠.۱	Hame					
				82	Street Addres	ss (P.O. Box Nun	nber is Not Accepta	able)		
	NW 16TH ST #105-D		Į							
LAUI	DERHILL FL 33313			83			,			
									In all war	
				84	City			FL	85 Zip	Code
	to the provisions of Sections 607.0502		too-tho of		nomed comp	mtion cubmite this	s statement for the		hanging.its	registered
office or re	egistered agent, or both, in the State of	' Florida. Such change was a	autnonzea	סע נו	ne corporation	's board of direct	ors. I hereby acce	ot the appoin	tment as re	egistered
- agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Statu	ıtes.`	•					
SIGNATURE										
SIGNATIONE					signature required v	when reinetation)		DATE		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered	Agent :	Signature required					
12.	Signature, typed or printed name of registered agent a OFFICERS AND		E: Registered	Agent	signature required		CHANGES TO OF			
					Signisiture required		CHANGES TO OF		DIRECTO	DRS IN 12 ☐ Addition
12.	OFFICERS AND	DIRECTORS	13.	Œ	Signature 1644		CHANGES TO OF			
12. TITLE NAME	OFFICERS AND D ROBITAILLE, ROBERT	DIRECTORS	13. 1.1 TIT 1.2 NA	le Me			CHANGES TO OF			
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14. I 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 of 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

ROBITAILLE