PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083996

Country

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1. Corporation Name

GIRARD AND BRAULT, INC.

| Principal Place of Business |
|--------------------------------------|
| 900 SW 75TH AVE. PLANTATION FL 33317 |

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Mailing Address

900 SW 75TH AVE. PLANTATION FL 33317

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90115 022 ***150.00



Applied For

X No

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

12/08/1993 4. FEI Number

65-0465125

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
|---|--|-----------------------------------|-----------------------|--|---|--------------|---------------|--|
| | | | 81 | Name | | | | |
| | AULT, MICHAEL | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | SW 75TH AVE. NTATION FL 33317 | | | | | | | |
| PLAI | TATION FL 33317 | | 83 | | | | | |
| | | | 84 | City | FL | 85 Zig | Code | |
| 44.5 | | 1 607 4500 El - de Stelvier | * | | corporation submits this statement for the purpose of | rhanging i | te registered | |
| office or n | egistered agent, or both, in the State of F m familiar with, and accept the obligations | orida. Such change was auth | orized by | the corpo | pration's board of directors. I hereby accept the appoir | tment as | registered | |
| SIGNATURE | <u> </u> | 01075.0 | | | equired when reinstating) DATE | | | |
| Olgitata - Type - O parameter - O Type | | | | 9/1 | | | | |
| 12. πιε | D OFFICERS AND D | DELETE | 1.1 TITLE | _ | ABBITIONS AUTOES TO STATE TO | Change | | |
| NAME | BRAULT, CLAUDE | <u></u> | 1.2 NAME | | | | _ | |
| STREET ADDRESS | 900 SW 75TH AVE. | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | PLANTATION FL 33317 | | 1.4 CITY+S1 | r-21P | | | | |
| TITLE | D | ☐ DELETE | 2,1 TITLE | | 11 11 11 11 11 11 11 11 11 11 11 11 11 | Change | e | |
| NAME | BRAULT, MICHAEL | • | 2.2 NAME | ' | | | Ì | |
| STREET ADDRESS | 900 SW 75TH AVE. | | 2.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | PLANTATION FL 33317 | | 2.4 CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | • | Change | e | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | \ | |
| CITY-ST-ZIP | | <u></u> | 3.4. CITY-S | T-ZIP | <u> </u> | Change | e | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | □ Cuang | 3 LI Addition | |
| NAME | | | 4, 2 NAME | | | | | |
| STREET ADDRESS | · | | 4.3 STREET | | · | | | |
| CITY-ST-ZIP | | □ DELETE | 4.4 CITY-S | r-zip | | Change | e | |
| TITLE | • | | 5.1 TITLE 5.2 NAME | | • | Onlarigi | , | |
| NAME | | | 5.3 STREET | ADORESS | • | | | |
| STREET ADDRESS | | | 5.4 CITY-ST | | | | | |
| CITY-ST-ZIP | | □ DELETE | 6.1 TITLE | | , | Change | e Addition | |
| NAMÉ | | <u></u> | 6.2 NAME | | | | _ | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | • | |
| CITY-ST-ZiP | . | | 6.4 CITY-S | T-ZIP | ٠ . | | ţ | |
| 14. I hereby o | certify that the information supplied with the | is filing does not qualify for th | e exempti | on stated | in Section 119.07(3)(i), Florida Statutes. I further cert | ify that the | information | |

Country

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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 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.