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FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000044494 (0)

1. Corporation Name
EN REVE PRODUCTIONS, INC.



Principal Place of Business

C/O LAW OFFICES OF JENNIFER L. WHITELAW
800 HARBOUR DRIVE, SUITE 1000
NAPLES FL 33940

Mailing Address

C/O LAW OFFICES OF JENNIFER L. WHITELAW
800 HARBOUR DRIVE, SUITE 1000
NAPLES FL 34103-4451

3. Date Incorporated or Qualified
06/10/1994

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

21 850 Park Shore Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 850 Park Shore Drive
Suite, Apt. #, etc.

4. FEI Number

65-0500592

Applied For

Not Applicable

22 Suite 203

27 Suite 203

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Naples, FL

28 Naples, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 34013

Country

29 34103

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LAW OFFICES OF JENNIFER L. WHITELAW
800 HARBOUR DRIVE, SUITE 1000
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
Law Offices Of Jennifer L. Whitelaw

82 Street Address (P.O. Box Number is Not Acceptable)

850 Park Shore Drive, Suite 203

83

84 City

Naples,

FL

85 Zip Code

34103-3587

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LAJOIE, ROSE MARIE
12820 KELLY GREENS BOULEVARD
FORT MYERS FL 33908

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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 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.

SIGNATURE: *Rose Marie Lajoie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)