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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000058011

1. Corporation Name

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90020 045 \*\*\*150.00

LUCIEN	FUNTAINE, INC.								
Principal Place	of Business	Mailing Address				T (MANIAMA) (YAN DENI) ARAN ARAN ARAN ARAN ARAN ARAN ARAN ARA			1981 1181 1881
1226 NW 111 W		1226 NW 111 WAY							
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						,			
	- , <u></u>					DO NOT WRITE IN T	HIS SPACE		
						3. Date Incorporated or Qualifed			
				_		08/05/1994		<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		+ • •	lied For
21	•	28						Applicable	
====Suite,*Apt.	#netc	Suite, Apt. #, etc.	- ya <u></u>	<u> </u>		5. Certificate of Status Desired			dditional
22		27	_	_		5. ************************************		e Req	
City & State	e	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	Ac	ded to	Fees
Zip	Country	Zip	Countr	гу		<ol><li>This corporation owes the current yea</li></ol>			<b></b>
24	25	29	30			Personal Property Tax.	☐ Ye:	3 L	□No
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent				10. Name and Address of New Registe	ed Agent		
	***** *********		8	1  N	ame				Į.
	TAINE, MARSHA		8:	2 5	treet Addr	ress (P.O. Box Number is Not Acceptable)			
	NW 111TH WAY					,			
COR	AL SPRINGS FL 33071		83	3					
			84	4 -	ity		85	Zip Co	ode
1			0-4	<b>*</b>   `	ııy	•		Esp O	
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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 or the receiver of 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.

SIGNATURE:

*Ontowie autred*