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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Apr 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400062903 (7)

	POTVIN'S OTTAWA SPOR				
Principal Place		Mailing Address		1 10011001 710 10111 01111 01111 01111 01111	(a and data (bill beres (111 142)
108 S.E. 8TH AVENUE P.O. BOX 495				Ì	
#110 FT. LAUDERDALE F FORT LAUDERDALE FL 33301		FT. LAUDERDALE FL 333	02	DO NOT WRITE IN 1	THIS SPACE
roni oluper	HUNCE LE 30301			3. Date Incorporated or Qualified	THO OF FROM
				08/25/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1	ar Suomes	26		65-0517395	Not Applicable
Suite, Apt.	#, etc.	Suite Apt. #, etc.		,	\$9.7E
2		27		5. Certificate of Status Desired	Fee Required
City & State	?	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
4	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registe	ered Agent
	/IS, LAWRENCE L		81 Name		
108	S.E. 8TH AVENUE		82 Street Add	iress (P.O. Box Number is Not Acceptable)	
. #11	10' *				
FT.	LAUDERDALE FL 33301		83		
			84 City		85 Zip Code
			64 City		FL BS ZIP CODE
	m familiar with, and accept the obl	ligations of Section 607.0505, Flo	orida Statutes.	poration submits this statement for the purporation's board of directors. I hereby accept the	appointment the registeres
SIGNATURE	Signature typed or printed name of registered i		E: Registered Agent signature requi		ATE
SIGNATURE	Signature typed or printed name of registered i	agent and title if applicable. (NOT	E: Registered Agent signature requ	ired wher reinstating) D	ATE
BIGNATURE .	Signature typed or printed name of registered in OFFICERS A	agent and title if applicable. (NOT AND DIRECTORS	E: Registered Agent signature requ	ired wher reinstating) D	ATE AND DIRECTORS IN 12
EIGNATURE 12. 11LE IAME	Signature typed or punited name of key street OFF ICERS A	Bigent and title if applicable. (NOT AND DIRECTORS	E: Registered Agent signature required. 13. 1.1 TILLE	ired wher reinstating) D	ATE AND DIRECTORS IN 12
GIGNATURE 12. 1TLE IAME STREET ADDRESS	Signature typed or punited name of registered OFF ICERS A DP POTVIN, DENIS	Bigent and title if applicable. (NOT AND DIRECTORS	E - Registered Agent signature required agent signature required agent signature required agent	ired wher reinstating) D	ATE AND DIRECTORS IN 12
EIGNATURE 12. 11LE IAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A OFFICE	Bigent and title if applicable. (NOT AND DIRECTORS	13. 1.1 THUE 1.2 NAME 1.3 STREET ADDRESS	ired wher reinstating) D	ATE AND DIRECTORS IN 12 Change Addition
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