

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 05 1997 8:00am
Secretary of State

DOCUMENT # **P95000011556 (4)**

1. Corporation Name

TROUBADOUR ENTERPRISES, INC.



Principal Place of Business

**2585 NW 63RD LANE
BOCA RATON FL 33496**

Mailing Address

**2585 NW 63RD LANE
BOCA RATON FL 33496-2007**

2. Principal Place of Business

21 **1014 Grand Court**
Suite, Apt. #, etc.

22 City & State

23 **HIGHLAND BEACH, FL**
Zip Country

24 **33487**

25 **USA**

2a. Mailing Address

26 **1014 GRAND COURT**
Suite, Apt. #, etc.

27 City & State

28 **HIGHLAND BEACH, FL**
Zip Country

29 **33487**

30 **USA**

3. Date Incorporated or Qualified

02/09/1995

3a. Date of Last Report

04/19/1996

4. FEI Number

65-0553719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**PAYZANT, DONALD C
2585 NW 63RD LANE
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

81 Name **Payzant, Donald C.**

82 Street Address (P.O. Box Number is Not Acceptable)
1014 Grand Court

83

84 City **Highland Beach**

FL

85 Zip Code **33487**

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 **P** ☐ DELETE
NAME **DONALD C PAYZANT**
STREET ADDRESS **2585 NW 63RD LANE**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Donald C. Payzant**
1.3 STREET ADDRESS **1014 Grand Court**
1.4 CITY - ST - ZIP **Highland Beach, FL 33487**

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

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

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

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

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

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 (561) 362-5885
Date Daytime Phone

0341015

CR2E034 (9/96)