

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *P95000015564*

1. Corporation Name

MARC A. BLOUIN, P.A.

Principal Place of Business

Mailing Address

901 N.W. 31st AVE. Lot 36 901 N.W. 31st AVE.
POMPANO BEACH FL. 33069 Lot 36
POMPANO BEACH FL.
33069

2. Principal Place of Business

2a. Mailing Address

21 901 N.W. 31st Ave.

26 901 N.W. 31st Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Lot 36

27 Lot 36

City & State

City & State

23 Pompano Beach FL.

28 Pompano Beach FL.

Zip

Country

Zip

Country

24 33069

25 USA

29 33069

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

02/23/1995

4. FEI Number

Applied For
Not Applicable

65-0559349

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

10. Name and Address of New Registered Agent

81 Name LUCILLE BLOUIN

82 Street Address (P.O. Box Number is Not Acceptable)
901 N.W. 31st AVE

83 Lot 36

84 City POMPANO BEACH

FL 85 Zip Code 33069

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 agree, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lucille Blouin

(Date) Registered Agent Signature is pasted on this form.

04/29/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☒ Change ☐ Addition
Pres., Sec., Trea.	SYLVAIN DANDURAND	208 BEAUMARCHAIS		
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
LE GARDEUR, QUEBEC	J5Z 4E5	CANADA		
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☒ Change ☐ Addition
Pres, Sec, Trea,	Sylvain Dandurand	208 beaumarchais		
	LeGardeur, Que. J5Z 4E5	Canada		
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Sylvain Dandurand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/96

954-977-8930

CR2E034 (12/95)