

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

FILED

**Apr 30 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 # P95000030597 (5)

1. Corporation Name
AUGIER, INC.



Principal Place of Business
**759 TIVOLI CIRCLE
#201
DEERFIELD BEACH FL 33441**

Mailing Address
**759 TIVOLI CIRCLE
#201
DEERFIELD BEACH FL 33441-7841**

3. Date Incorporated or Qualified **04/12/1995** 3a. Date of Last Report **04/08/1996**

2. Principal Place of Business
21 **6439 PARKVIEW DRIVE** 26 **6439 PARKVIEW DRIVE**
Suite, Apt. #, etc.

4. FEI Number **65-0573571** Applied For
Not Applicable

22 City & State
23 **BOCA RATON, FLORIDA** 27 **BOCA RATON, FLORIDA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip **33433** Country 28 **33433** Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33433** 25 29 **33433** 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUGIER, GUY
759 TIVOLI CIRCLE
#201
DEERFIELD BEACH FL 33441**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AUGIER, GUY	
STREET ADDRESS	759 TIVOLI CIRCLE, #201	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	AUGIER, SYLVIA	
STREET ADDRESS	759 TIVOLI CIRCLE, #201	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUGIER, SOPHIE	
STREET ADDRESS	759 TIVOLI CIRCLE, #201	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (9/96)