

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000030597 (5)

1. Corporation Name

AUGIER, INC.

Principal Place of Business

Mailing Address

6439 PARKVIEW DR
#201
BOCA RATON FL 33433
US

6439 PARKVIEW DR
#201
BOCA RATON FL 33433
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6439 PARKVIEW DRIVE		26 6439 PARKVIEW DRIVE		04/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 BOCA RATON FLORIDA		27 BOCA RATON FLORIDA		65-0573571	
City & State		City & State		Applied For	
23 33433 U.S.A.		28 33433 U.S.A.		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 AUGIER GUY	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				6439 PARKVIEW DRIVE	
				83 BOCA RATON	
				84 City	
				FL 85 Zip Code	
				33433	

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	1.1 TITLE	PD
NAME	AUGIER, GUY	1.2 NAME	AUGIER GUY
STREET ADDRESS	759 TIVOLI CIRCLE, #201	1.3 STREET ADDRESS	6439 PARKVIEW DRIVE
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	1.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33433
TITLE	STD	2.1 TITLE	STD
NAME	AUGIER, SYLVIA	2.2 NAME	AUGIER SYLVIA
STREET ADDRESS	759 TIVOLI CIRCLE, #201	2.3 STREET ADDRESS	6439 PARKVIEW DRIVE
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	2.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33433
TITLE	D	3.1 TITLE	D
NAME	AUGIER, SOPHIE	3.2 NAME	AUGIER SOPHIE
STREET ADDRESS	759 TIVOLI CIRCLE, #201	3.3 STREET ADDRESS	6439 PARKVIEW DRIVE
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	3.4 CITY-ST-ZIP	BOCA RATON FLORIDA 33433
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

CP2E034 (10/97)