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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000038341	(0)
	P95000038341

LA PERRIERE MANUFACTURING, INC.

Principal Place of Business Mailing Address 894 COUNTY ROAD 621 E. 894 COUNTY ROAD 621 E.

LAKE PLACID FL 33852		LAKE PLACID FL 33852			
				3. Date Incorporated or Qualified 05/15/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address	Lake Placed	4. FEI Number	Applied For
21	······································	26 P.O. Box 160	00 FL 33852	45-058 8042	Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State 28 Lake Placia	d FL 33862	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zp	Country	8. This corporation has liability for i	
24	25  9. Name and Address of Curr	29	30 VSA	Florida Statutes Yes	
343 ALN	W FIRM OF LAWRENCE J SPI MEBIA-AVENUE GABLES FL 33134		82 Street Addr 2 83	10. Name and Address of New R  Fean La Perri ere ess (P.O. Box Number is Not Acceptab  48 N W Tangecine	e) Rd
İ			lad only L	ake Placid	FL 85 Zip Code 33862
or registeri	ed agent, or both, in the State of Fi th, and accept the obligation of, Si Signature, fixed or pure Marine brief could be	Corida. Such change was authorize ection 607,0505, Florida Statutes.  Gent and title if opplicable (NO AND DIFFE CTOR'S)  DELETE	ed by the comporation's boar	ation submits this statement for the pur d of directors. I hereby accept the appo President Dependent of the accept ADDITIONS/CHANGES TO OFFI	intment as registered agent. I am 4-30-4 6
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ OETEJE	4.1 THEE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this fling 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 offect 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 atlachment with an address.

SIGNATURE:

Jeon Laberriere, 4-30-46 (94) 465-8112

Date

Date

Date

Date

Date

SIGNATURE: X