

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90148 039 \*\*\*150.00

DOCUMENT # P96000001213

1. Corporation Name  
PAUL GAGNON, INC.



Principal Place of Business

929 SPRING CIRCLE  
#102  
DEERFIELD BEACH FL 33441  
US

Mailing Address

929 SPRING CIRCLE  
#102  
DEERFIELD BEACH FL 33441  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5049 ASHLEY LAKE DR

Suite, Apt. #, etc.

22 11-38

City & State

23 BOYNTON BEACH FL

Zip

24 33437

Country

25 US

2a. Mailing Address

26 5049 ASHLEY LAKE DR

Suite, Apt. #, etc.

27 11-38

City & State

28 BOYNTON BEACH FL

Zip

29 33437

Country

30 US

3. Date Incorporated or Qualified

12/29/1995

4. FEI Number

65-0741240

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

GAGNON, PAUL E  
929 SPRING CIRCLE, #102  
APT. 5  
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name GAGNON, PAUL E  
82 Street Address (P.O. Box Number is Not Acceptable)  
5049 ASHLEY LAKE DRIVE  
83 APT 11-38  
84 City BOYNTON BEACH FL 85 Zip Code 33437

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 PVS  
NAME GAGNON, PAUL E  
STREET ADDRESS 665 GLOUCESTER ST., #5  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVS  
1.2 NAME GAGNON, PAUL E  
1.3 STREET ADDRESS 5049 ASHLEY LAKE DR #11-38  
1.4 CITY-ST-ZIP BOYNTON BEACH FL 33437

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/99 561-349-1531  
Date Daytime Phone #

CR2E034 (11/98)