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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY - ST - ZIP

DOCUMENT # P9600056147 (7)

ROBERT G. BOURQUE CONSULTING, INC.

Mailing Address Principal Place of Business 4780 SOUTH LAKE DRIVE 4780 SOUTH LAKE DRIVE BOYNTON BEACH FL 33436-5914 **BOYNTON BEACH FL 33436** 3. Date Incorporated or Qualified 3a, Date of Last Report 07/01/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-067 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOURQUE, ROBERT G 4780 SOUTH LAKE DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33436** 83 84 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 1.1 TITLE TITLE Robert Bourque Pres. NAME 12 NAME 4780 S. Lake Drive STREET ADDRESS 1.3 STREET ADDRESS FL 33434 Bounton Beach CITY - ST - ZIP 1.4 CITY-ST-ZIP ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change Addition THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP □ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition THLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

6.4 CITY-ST-ZIP 14. I do hereby certily 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 his abnual poport or supplemental abnual 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 this contraction of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changing for one attachment with an address.