PROFIT CORPORATION -ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90049 019 ***150.00

DOCUMENT # P96000091331

1. Corporation Name

FONTAINE & CASTOR ENTERPRISES, INC.

Principal Place	of Business	Mailing Address	_		CLAND PK. BLVd dala FL. 33311 DO NOT WRITE IN THIS	4141 11042 11100	
11055 SW 15TH	ST	11055 SW 15TH-ST	185	7 W. OAK	(LANG IN. LIEVA		
104		104	Tor	Lauder	DO NOT WRITE IN THIS	SDACE	
PEMBROKE PIN		PEMBRÓKÉ PINES FL 330 US	U25		3. Date Incorporated or Qualifed	SPACE	
Same as northers.			•		11/04/1996		
	<u> </u>	1 0- Mailing Address			4. FEI Number		plied For
├─ ┐	lace of Business	2a. Mailing Address	Wh. I	0 120	· #	- 	Applicable
21 /35 /	W. WAKlAND TOCK Blvd	26 X 5 W (VA	KIANO	LYark P		\$8.75 A	. ' '
* ~Suite, Apt.	#, etc.	H ' ' '			5. Certificate of Status Desired	Fee Red	
City & State		City & State			6. Election Campaign Financing	\$5.00	
			-100	•	Trust Fund Contribution	Added to	
23 7 1 0 0	Country	Zip	Cour	ntrv	8. This corporation owes the current year Int		
Francis	25 RRowkird	1 <u> </u>		readar			□No
24 3331	9. Name and Address of Current		· 30 %	Today as	10. Name and Address of New Registered	Agent	
	U. Taning and Addiess of Carrent		81 Name	,—- t			
FON	TAIANE, RAYMOND		·		- tontaine	<u>, KHY1</u>	MON'A
3250 NW 81ST TERR				82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	! '	
MIAMI FL 33147				83	O SARAVE HOLLYWOOD	1	
				84 City(1 _	Musicad FL	85 Zip C	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpolation 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							
ļ. <u></u>	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered	Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
12.		DELETE	1.1 TIT	<u> </u>	ADDITIONS/CHARGES TO CIT IDENCE AL	Change	Addition
TITLE	D CONTAINE DAVMOND						
NAME (FONTAINE, RAYMOND		1.2 NA			•	ľ
STREET ADDRESS	11055 SW 15TH ST, 104			REET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33025	DELETE		Y-ST-ZIP		Change	Addition
TITLE -	D -	L:,DELETE-				r [] oriongo	
NAME -	CASTOR, SEVIGNE		2.2 NA				
STREET ADDRESS	11055 SW 15TH ST 104			REET ADDRESS			\
CITY-ST-ZIP	PEMBROKE PINES FL 33025			TY-ST-ZIP		☐ Change	Addition
TITLE	D	☐ DELETE	3.1 TiT				
NAME	FONTAINE, KARLYN		3.2 NA				
STREET ADDRESS	11055 SW 15TH ST 104			REET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33025		_	ry-st-zip			- Addition
TITLE	D	☐ DELETE	4.1 TIT			☐ Change	☐ Addition
NAME	CASTOR, YANICK		4. 2 N/	ME			
STREET ADDRESS			4.3 STI	REET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33025			Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT		•	☐ Change	Addition
NAME			5.2 NA				ļ
STREET ADDRESS			5.3 ST	REET ADDRESS			ĺ
CITY-ST-ZIP	· .		5.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TiT	LE		☐ Change	Addition (
NAME			6.2 NA	ME			İ
STREET ADDRESS			6.3 ST	REET ADDRESS			ļ
CITY-ST-ZIP		•	6.4 CI1	Y-ST-ZIP			1

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 of 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: