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PROFIT . **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080763 (0)

FILED May 18 1998 8:00am Secretary of State

BEAUBOIS MANAGEMENT, INC. Principal Place of Business Mailing Address 721 S.E 17TH STREET 721 S.E. 17TH STREET FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-07 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Żip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BARTHE, FREDERIC M 888 S.E. 3RD AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 400 FT. LAUDERDALE FL 33316 City Zip Code 11. Pursuant to the previsions 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** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of its gestered agest and little if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1111111 POMERLEAU, PIERRE NAME 1.2 NAME 721 S.E. 17TH STREET STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CHTY- ST- ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE TITI F Channe Addition 4.1 TITLE NAME 4. 2 NAMÉ STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the information supplied ig 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 reportor supplier officer or director of the corporation or the Block 12 or Block 13 if changed, or on an oport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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SIGNATURE: &

04/15/98