

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

DOCUMENT # P98000040102  
1. Corporation Name

Bordeau Family Enterprises, Inc.  
Principal Place of Business Mailing Address

2. Principal Place of Business  
21 1143 NE 5TH AVE  
Suite, Apt. #, etc. None

22 Fort Lauderdale, Florida  
City & State  
23 33304 24 Broward  
Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.

27 City & State  
28 Zip Country

3. Name and Address of Current Registered Agent

1143 NE, 5TH AVE  
Fort Lauderdale, FL 33304  
Garlande Bourdeau

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 City

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 Garlande Bourdeau  
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when first filing)

12. OFFICERS AND DIRECTORS

TITLE Chairman  
NAME Garlande Bourdeau [ ] DELETE  
STREET ADDRESS 1143 NE 5TH AVE  
CITY-ST-ZIP Fort Lauderdale, FL 33304

TITLE Secretary  
NAME Mimose Malivert [ ] DELETE  
STREET ADDRESS 1143 NE 5TH AVE  
CITY-ST-ZIP Fort Lauderdale, FL 33304

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: Garlande Bourdeau  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 MAR 30 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

MOY 5, 1998  
4. FEI Number 65-0830964

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

10. Name and Address of New Registered Agent

FL 85 Zip Code

3/7/99

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

100002831331-9  
-04/06/99-01085-022  
\*\*\*150.00 \*\*\*150.00

CR2E034 (1/199)