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 # **P98000095316**1. Corporation Name

HAROLD D. DROUIN, INC.

	•											
Principal Place of Business Mailing Address									1 10051001 118 (818) 1011) 80141 00111 00114 00170 10101 01108 11101	INDIA BINI IDDI		
1721 SOUTHWEST 67TH TERRACE 1721 SOUTHWEST 67TH TE PLANTATION FL 33317 PLANTATION FL 33317						TERRACE			DO NOT WRITE IN THIS SPACE	•		
									3. Date Incorporated or Qualified			
									11/12/1998			
2. Principal Place of Business				2a.	2a. Mailing Address					plied For		
21	<u>] </u>			26	26				65-0878698 No	t Applicable		
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional			
22				27	27				Fee Re	quired		
	City & State				City & State				6. Election Campaign Financing \$5.00	May Be		
23				28	28				Trust Fund Contribution Added to Fees			
	Zip	CountryZipCo			untry	Intry 8. This corporation owes the current year Intangible						
24	25 29			30				Personal Property Tax. ☐ Yes ☐ No				
Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent			
一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个							81	Name				
AMERILAWYER							82	82 Street Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE							The control results of the control o					
CORAL GABLES FL 33134							83	拉克斯 建制造 医髓膜 医二种				
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And Andrews Control of the Control o							84	City	FL 85 Zip'C	lode		
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)									equired when reinstating). Land DATE			
12.						13.	u rigoi	in signaturo i		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITL		PSTD	0.1102.107		DELETE		ITLE		. ☐ Change	Addition		
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CITY-ST-ZIP PLANTATION FL 33317						1.4 0	ITY-S	T-ZIP		•		
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TITL	E				☐ DELETE	4.1 T	ITLE		_ a.	Addition		
1						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 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

FIZE SOURCEST EXTENSION FOR POST

预加加加州(1)

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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NAME

DELETE

☐ DELETE

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FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90003 036 ***150.00