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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 | DIVISION C | | | | |
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| OCUN . Corporation | MENT # S251 | 77 (4) | | | | |
| S.C.L. | BOUCHARD ENTERPRIS | ES, INC. | | | | 411 4 1211 412 11 1 |
| ioninal Place | of Durings | | | | | |
| rincipal Place | | Mailing Address | | | | |
| 1724 MCKIN HOLLYWOO | | 1724 MCKINLEY S' HOLLYWOOD FL 3 | | | | |
| | | | | 3. Date Incorporated or Qualified 01/14/1991 | 3a. Date of Last F 04/26/1 | • |
| Principal Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| Suite, Apt. # | # etc | Suite, Apt. #, etc. | | 65-0234172 | | Not Applicable |
| conto, reprint | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 27 | | 5. Certificate of Status Desired | | 5 Additional Required |
| City & State | | City & State | | 6. Election Campaign Financing | 55.0 | 0 May Be |
| 7:- | | 28 | | Trust Fund Contribution | | d to Fees |
| Zip | Country 25 | Zip 29 | Country 30 | This corporation has liability for it Florida Statutes | | 199.032, |
| | 9. Name and Address of Curre | | [30] | 10. Name and Address of New R | | |
| | | | 81 Name | | | |
| BOUCH | HARD, SIMONE | | 82 Street Add | dress (P.O. Box Number is Not Acceptab | le) | |
| | ICKINLEY ST | | | arcas () or box having to hot recopies | | |
| HOLLY | WOOD FL 33020 | | 83 | | | |
| | | | | | | |
| | | | 84 City | | ⊢, 85 Zi | ip Code |
| or registere | o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Sec | rida. Such chande was author | utes, the above-named corporated by the corporation's boa | oration submits this statement for the pur ard of directors. I hereby accept the appo | FL | registered offs |
| familiar with | and agent, or both, in the State of Fio h, and accept the obligations of, Sec Signature, typed or printed name of registered age | rroa. Such change was author ction 607.0505, Florida Statute and title if applicable (f | utes, the above-named corporation's boales. NOTE: Registered Agent signature requirements. | ard of directors. I hereby accept the apport | PL pose of changing its in pointment as registered | registered offic agent. I am |
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SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 954-920-0655