

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -8 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S46485** (6)

1. Corporation Name

**DUBOIS MANAGEMENT, INC.**

Principal Place of Business  
**8421 STATE RD. #7  
BOYNTON BEACH FL 33437**

Mailing Address  
**P O BOX 3029  
BOYNTON BEACH FL 33424  
US**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/19/1991</b>                                                                                                      | 3a. Date of Last Report<br><b>02/15/1994</b>           |
| 4. FBI Number<br><b>65-0260697</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                           |
|--------------------------------|---------------------------|
| 2. Principal Place of Business | 2a. Mailing Address       |
| 21<br>Suite, Apt. #, etc.      | 26<br>Suite, Apt. #, etc. |
| 22<br>City & State             | 27<br>City & State        |
| 23<br>Zip                      | 28<br>Zip                 |
| 24<br>Country                  | 30<br>Country             |

## 9. Name and Address of Current Registered Agent

**SABERSON, ROGER G.  
70 SE 4TH AVE.  
DELRAY BEACH FL 33483**

## 10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

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 firm if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

## 12. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | <b>D</b>                 |
| NAME           | <b>DUBOIS, E. WAYNE</b>  |
| STREET ADDRESS | <b>8421 STATE RD. #7</b> |
| CITY-ST-ZIP    | <b>BOYNTON BEACH FL</b>  |
| TITLE          | <b>D</b>                 |
| NAME           | <b>DUBOIS, BRETT W.</b>  |
| STREET ADDRESS | <b>8421 STATE RD #7</b>  |
| CITY-ST-ZIP    | <b>BOYNTON BEACH FL</b>  |
| TITLE          | <b>D</b>                 |
| NAME           | <b>DUBOIS, MARK G.</b>   |
| STREET ADDRESS | <b>8421 STATE RD #7</b>  |
| CITY-ST-ZIP    | <b>BOYNTON BEACH FL</b>  |
| TITLE          | <b>D</b>                 |
| NAME           | <b>DUBOIS, MONTE D.</b>  |
| STREET ADDRESS | <b>8421 STATE RD #7</b>  |
| CITY-ST-ZIP    | <b>BOYNTON BEACH FL</b>  |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 of this report, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2/10/95 (407) 738-7510

FILED