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Zip Code

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999		DIVISION OF CORPO	JKAT	ONS		: TIRETARY (	F STAT	TF
DOCUMENT # S46485  1. Corporation Name						: TURETARY ( FALL AHADSEE	FĽÓÑ	İĎA
DUBOIS MANAGEMENT, IN	IC.							
Principal Place of Business Mailing Address				<del></del>	-	I FOREITATO PA DIGIO DIVID DIVID VATOR OFFI DI		
8421 STATE RD. #7 P O BOX 3029 BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33424 US						DO NOT WRITE IN TH	IIS SPACE	<u>.</u>
						Date Incorporated or Qualifed 04/19/1991		
2. Principal Place of Business	<u> </u>	lailing Address			4.	FEI Number	_	Applied For
21	26				1	65-0260697		Not Applica
Suite, Apt. #, etc.	S 	uite, Apt. #, etc.			5.	Certificate of Status Desired	-	75 Additional e Required
City & State	28	ity & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip Country 24 25	Z 29	ъ С 30	ountry		8.	This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
9. Name and Address of Current Registered Agent SABERSON, ROGER G. 70 SE 4TH AVE. DELRAY BEACH FL 33483			1		10.	Name and Address of New Registere	d Agent	
			81 82 83	Street Address (P.O. Box Number is Not Acceptable)				
			- 1	I				

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, and accept the obligations of Section 607.0505. Florida Statutes.

84 City

ayon. ra	in familial with, and accept the obligations of, Section of	7.0303, 1 KORKA	o Otatules.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature red	guired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND	IGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE		☐ Change	Addition	
NAME	DUBOIS, E. WAYNE		1.2 NAME				
STREET ADDRESS	8421 STATE RD. #7		1.3 STREET ADDRESS				
CiTY-ST-ZIP	BOYNTON BEACH FL		1.4 C/TY-ST-ZIP				
TITLE		DELETE	2 1 TITLE		☐ Change	☐ Addition	
NAME	DUBOIS, BRETT W.		2.2 NAME	of a different matter state when were the	المام المعمر معما	-***	
STREET ADDRESS	8421 STATE RD #7		2.3 STREET ADDRESS	2000 <b>02940</b> 07/23/990	>೨೭೭)		
CITY-ST-ZIP	BOYNTON BEACH FL		2 4 City-St-ZiP				
TITLE		DELETE	31 TITLE	***1650.00	☐ change 5	Tit Addison	
NAME	DUBOIS, MARK G.		3.2 NAME				
STREET ADDRESS	8421 STATE RD #7		3 3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME	DUBOIS, MONTE D.		4.2 NAME				
STREET ADORESS	8421 STATE RD #7		4.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-\$T-ZIP				
TITLE		DELETE	6 1 TITLE		Change	☐ Addition	
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
ATTY OF THE			64 CITY-ST-ZIP			-1	

14. 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 are 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

6/23/99

561-738-7510