FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DUROCHER TRADING, INC.

DOCUMENT # **S78922**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90130 036 ***150.00

Mailing Address

Principal Place of Business % GLEN E. WILCHINSKY 1200 N. FEDERAL HWY., STE. 200

1. Corporation Name

% GLEN E. WILCHINSKY 1200 N. FEDERAL HWY.. STE. 200

BOCA RATON FL 33432 BOCA RATON FL 33432				DO NOT WRITE IN THIS SPACE							
	•							3. Date Incorporated or Qualife 09/10/1991	ed		-
2.	Principal Place of Busi	ness	2a. Mail	ing Address				4. FEI Number			Applied For
21			26					98-0120677			Not Applicable
22	Suite, Apt. #, etc.		Suit	a, Apt. #, etc.				5. Certifcate of Status Desired			75 Additional ee Required
23	City & State		City	& State			J. T.	Election Campaign Financin Trust Fund Contribution	a	, .	.00 May Be ded to Fees
24	Zip	Country 25	Zip		Countr 30	у		This corporation owes the corporate Property Tax.	ırrent year l	ntangible Yes	: Ino
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
WICHINSKY, GLENN E ESQ.			81	1	Name						
			82	32 Street Address (P.O. Box Number is Not Acceptable)							
			83	3		*					
					84	4	City		· F	L 85	Zip Code

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.

SIGNATI	IRE

(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 11 TILE TITLE **DUROCHER, PAUL** 1.2 NAME NAME **2333 VIMONT** 1.3 STREET ADDRESS STREET ADDRESS MONTREAL, QUEBEC, CANADA HIV3R-1 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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)(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.

SIGNATURE:

CR2E034 (11/98)