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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99448

(0)

**DUFOUR ENTERPRISES, INC.** 

	FILEL	)
Apr 21	1997	8:00am
Secre	tary o	of State

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Trincipal Flace of business Mailing Add		Address			110000000000000000000000000000000000000	****** ***** ***** **		*****		
830 NW 25TH CT. POMPANO BEACH FL 33084 US			330 NW 25TH CT. POMPANO BEACH FL 33064-3223 US							
						3. Date Incorporated or Qualified 12/10/1991 3a. Date of Last Report 05/01/1996				7
2. Principal Place of Business		2a. Mailing /	2a. Mailing Address			4, FEI Number				1
21		26	+ · · · · · · · · · · · · · · · · · · ·			65-0297646				_
Suite, Apt.	, 	Suite, Ap				5. Certificate of Status Desired		-	Additional equired	
City & Stat	le	City & St	ate			6. Election Campaign Financing	\$	5.00	May Be	7
23		28	4		Trust Fund Contribution		Added to Fees			
Zip	Country	Zιρ	<u> </u>	Country	,	8. This corporation has liability for i				
24	25	29	3	30			Yes 💹 No			╛
Dibi		f Current Registered Age	ent	81	Name	10. Name and Address of New Re	gistered Agen	<u></u>	·	4
	LER, MARIE-PAULE			8'	IName					Ì
	NW <b>2</b> 5th Ct. Mpano Beach Fl 33064	ļ		82	Street A	Address (P.O. Box Number is Not Acceptab	le)	•		1
,				83						1
				84	City		85	Zin (	Code	-
							PL I			
11. Pursuant office or r	to the provisions of Sections registered agent, or both, in t	607.0502 and 607.1508, f the State of Florida, Such c	florida Statutos	the above	e-named	corporation submits this statement for the p poration's board of directors. I heroby accep	urpose of char	nging it	s registered	1
agent I a	ım familiar with, and accept (	he obligations of, Section	607.0505, Flori	da Statutes	S.	control of the colors. Thereby accep	ч пе арролит	ici i as	registo eu	
SIGNATURE		,								
12.	Signature, typed or pented name of re-	ERS AND DIRECTORS	- {NO1E · F		ont signature	required when reinstating)	DATE			ے
TITLE	PD		DELETE	13.	-1	ADDITIONS/CHANGES TO OFFIC		ECTOR Change	S IN 12 Addition	- გ
NAME	DIDLER, MARIE-PAULE	_		1.2 NAME	1		٠.	мануе	Accilion	9
STREET ADDRESS	4000 CRYSTAL LAKE D	RIVE		1.3 STREET	1000000					2
CITY-ST-ZIP	POMPANO BEACH FL	71 H V C		1.4 CITY-S						ù
TITLE	SD		DELETE	2.1 TITLE	1-211		<u> </u>	hange	Acdition	١þ
NAME	DIDLER, PAUL	_	_	2.2 NAME				viraligo.	L. Acadon	
STREET ADDRESS	4000 CRYSTAL LAKE D	RIVE	•	2.3 STREET	ADDRESS					ı
CITY-ST-ZIP	POMPANO BEACH FL			2. 4 CITY - 5						
TITLE	<del></del>		DELETE	3.1 TITLE	<u> </u>			hange	Addition	-
NAME				3.2 NAME		•				
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY - 8	T- ZIP					
TITLE			DELETE	4.1 TITLE				hange	Addition	1
NAME				4. 2 NAME	-					ĺ
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY - S	T-ZIP					
TITLE			DELETE	5.1 TITLE				hange	☐ Addition	1
NAME				5.2 NAME						
STREET ADDRESS				5.3 \$1REET	ADDRESS					
CITY-ST-ZIP			_	5.4 CITY - S	T-ZIP					j
TITLE			) DELETE	6.1 TITLE	Ţ			hange	Addition	
NAME				6.2 NAME	-					
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY - S	1-ZIP					

14. I do 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 13 if changed, or on an attachment with an address

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