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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90060 003 ***150.00

FILED

DOCUI	MENT	# \/2	1221

1. Corporation	n Name						
S.A. GEI	NDREAU, INC.				·		
Principal Place	of Rusiness	Mailing Address			1 1881: Bilbin (1811 Bibbe (1888 1881) 1891 Bibi: Bib	 	HI.
		633 HERON DR					
633 HERON DR DELRAY BEACH		DELRAY BEACH FL 33435			DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed		\neg
					03/27/1992		}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26 5074 PM	ul I	Plac	65-0328638	Not Applicat	ble
Suite, Apt.	#, etc.	Suite, Apt. # etc.	15		5. Certificate of Status Desired	\$8.75 Additional Fee Required	,
City & Stat	e	City & State	0		6. Election Campaign Financing	\$5.00 May Be	
23		28 Flux	do		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 1/12//	Country	4	8. This corporation owes the current year Intar	gible	
24	25	29 33 48 4	30 0	SA		ŬYes 122 No	
	9. Name and Address of Current	Registered Agent	81	News	10. Name and Address of New Registered A	lent	
KAM	iel, makram e.		81	Name	<u> </u>		
	S FEDERAL HWY		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	NTON BEACH FL 33435		83				- -i
001	WON BEACHTE GOTOS		0.3			<u></u>	:
		~	84	- City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abov	e-named cor	rporation submits this statement for the purpose of cl tion's board of directors. I hereby accept the appoint	langing its registere ment as registered	∌d \
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes	3.	don't board of an accord. Thoroby according appears		1
SIGNATURE							1
	Signature, typed or printed name of registered agent OFFICERS AN			nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE		D DIRECTORS DELETE	13.			☐ Change ☐ Add	
NAME	D CENODEAU SHEILA				•	_ , _	;
STREET ADDRESS	GENDREAU, SHEILA 633-HERON DR-5074 F	rest Place	13 STREE	T ADDRESS			1 8
	DELRAY BEACH FL 3348		1,4 CITY-S	1			
CITY-ST-ZIP TITLE				71-ZII		☐ Change ☐ Add	dition
NAME	GENDREALL ARTHUR	Di at DOMAD	2.2 NAME	{			
STREET ADDRESS	633 HERON DR 5074	Bury Back	2.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	D GENDREAU, ARTHUR 683-HERON-DR 5074 DELRAY BEACH FL 3340	84/	2.4 CITY+5				
TITLE	DELIVIT BETOTTE OF T	☐ DELETE	3.1 TITLE			Change Add	dition
NAME			3.2 NAME				
STREET ADDRESS	,		3.3 STREE	TADORESS			ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE			☐ Change ☐ Add	dition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			- Calar
TITLE		☐ DELETE	5.1 TITLE	Į		☐ Change ☐ Add	antion
NAME			5.2 NAME				
STREET ADDRESS			1	TADDRESS			-
CITY-ST-ZIP			5.4 CITY- S 6.1 TITLE	61-ZIP		Change 5 Ad	dition
TITLE		☐ DELETE	l.]		☐ Change ☐ Add	Sidol 1
NAME			6.2 NAME	TADOBECC			ļ
STREET ADDRESS			6.3 STREE	T ADORESS			}

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:

1-15-99 5617325690 Date Destine Phone #