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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V61733 (4)**

1. Corporation Name  
**AU CASHMERE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>11634 US HWY ONE<br/>OAKBROOK SQ<br/>N PALM BCH FL 33408<br/>US</b> | Mailing Address<br><b>11634 US HWY ONE<br/>OAKBROOK SQ<br/>N PALM BCH FL 33408<br/>US</b> |
|---|---|

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/02/1992</b> | 3a. Date of Last Report<br><b>04/05/1994</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>21</b><br>Suite, Apt. #, etc.<br><b>22</b><br>City & State<br><b>23</b><br>Zip<br><b>24</b> | 2a. Mailing Address<br><b>26</b><br>Suite, Apt. #, etc.<br><b>27</b><br>City & State<br><b>28</b><br>Zip<br><b>29</b><br>Country<br><b>30</b> |
|--|---|

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-0354432</b>  | Applied For<br>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<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

**9. Name and Address of Current Registered Agent**

**KRAMER, SCOTT ESQ  
KRAMER, ALI, LAMBERT & FLECK  
1155 U.S. HIGHWAY ONE, SUITE 205  
JUNO BEACH FL 33408**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>B1</b> Name   |
| <b>B2</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>B3</b>  |
| <b>B4</b> City   |
| <b>B5</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                 |                           |
|-----------------|---------------------------|
| TITLE           | <b>DPS</b>                |
| NAME            | <b>POITOUT, GENEVIEVE</b> |
| STREET ADDRESS  | <b>101 OLYMPUS WAY</b>    |
| CITY - ST - ZIP | <b>JUPITER FL</b>         |
| TITLE           | <b>DVT</b>                |
| NAME            | <b>POITOUT, GUY</b>       |
| STREET ADDRESS  | <b>101 OLYMPUS WAY</b>    |
| CITY - ST - ZIP | <b>JUPITER FL</b>         |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| 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 110.07(3)(b), 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.

SIGNATURE: Genevieve Poitout 4/25/95 (407) 624-4514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR