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

**PROFIT CORPORATION** ANNUAL REPORT

1999

**DOCUMENT # V61733** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90015 006 \*\*\*150.00

1. Corporation	n Name	•						
AU CASI	HMERE, INC.							
Principal Place	e of Business	Mailing Address				'Eti niai) es	FB (1 B) B) ( 18 B)	
11612 US HWY 1 11612 US HWY 1								
STE 62 STE 62								
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33			3408	DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed		1	
_					09/02/1992	<del>-</del> 1.		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	$\vdash$	olied For	
21		26			65-0354432		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>8.75</b> A Fee Red			
27			<u> </u>				<del></del>	
City & State	e	City & State	•			\$5.00		
28 28			0		Trust Fund Contribution	Added to	rees	
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intangi		□No	
24	25)	[]	30		Personal Property Tax.  10. Name and Address of New Registered Age			
	9. Name and Address of Currer	nt Registered Agent	8	1 Name				
POITOUT, GUY				Haille	<u></u>			
101 OLYMPUS WAY			8	2 Street	Address (P.O. Box Number is Not Acceptable)			
JUPITER FL 33477			8					
JUF	IEN FE 334//		8	3			-	
,			8	4 City	_, 8	5 Zip C	ode	
<u> </u>						ــــــــــــــــــــــــــــــــــــــ		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-named	d corporation submits this statement for the purpose of char poration's board of directors. I hereby accept the appointme	nging its i ent as rec	registered distered	
oπice or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statute	y une corp S.	Jorannia board of diffectors, Friendly decept and appearant		,	
SIGNATURE	_						!	
SIGNATURE	Signature, typed or printed name of registered age	.,		ent signature	required when reinstating) DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	DPS	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	POITOUT, GENEVIEVE		1.2 NAME		•			
STREET ADDRESS	101 OLYMPUS WAY		1.3 STRE	ET ADDRESS	S			
CITY-ST-ZIP	JUPITER FL		1.4 C/TY-	ST-ZIP				
TITLE	DVT	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	POITOUT, GUY		2.2 NAME	•				
STREET ADDRESS	101 OLYMPUS WAY		2.3 STRE	ET ADDRESS			}	
CITY-ST-ZIP	JUPITER FL		2. 4 CITY	-ST-ZIP				
TITLE		- DELETE	3.1 TITLE			Change	Addition	
NAME	*		3.2 NAME	<b>=</b>			Í	
STREET ADDRESS			3.3 STRE	ETADDRESS	s			
CITY-ST-ZIP	•		3.4. CITY	-ST-ZIP				
TITLE		C) DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAM	É				
STREET ADDRESS			4,3 STRE	ET ADDRESS			Ì	
CITY-ST-ZIP			4.4 CITY-					
TITLE		DELETE	5.1 TITLE			Change	☐ Addition	
NAME		<b>_</b>	5.2 NAME			-	Ì	
STREET ADDRESS				ET ADORESS			Ì	

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

TITLE

NAME

SIGNA<del>'UN</del> OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

☐ Addition