

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000004035 (0)**

1. Corporation Name

EBENISTERIE BEAUBOIS LTEE



Principal Place of Business

Mailing Address

521. 6TH AVENUE P.O. BOX 8
ST GEORGES
QUEBEC, CANADA G5Y 5C4

521. 6TH AVENUE P.O. BOX 8
ST GEORGES
QUEBEC, CANADA G5Y 5C4

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

N/A

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

81

Name

TURCOTTE, MARCEL

82

Street Address (P.O. Box Number is Not Acceptable)

2109, Polo Club Dr., Apt #201

83

84

City

Kissimmee

FL

85

Zip Code

34741

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

Signature, typed or printed name of registered agent and principal officer

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PCDS

DELETE

1. TITLE

NAME

POMERLEAU, HERVE

12 NAME

STREET ADDRESS

785, 18TH STREET

13 STREET ADDRESS

CITY - ST - ZIP

ST-GORGES QUEST CANADA

14 CITY - ST - ZIP

St-Georges Ouest Canada

TITLE

D

DELETE

2. TITLE

NAME

LACOMBE, FRANCOIS

22 NAME

STREET ADDRESS

689, ST-CHARLES

23 STREET ADDRESS

CITY - ST - ZIP

BEAUCEVILLE, QUEBEC

24 CITY - ST - ZIP

TITLE

DELETE

3. TITLE

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY - ST - ZIP

34 CITY - ST - ZIP

TITLE

DELETE

4. TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

800001797728

-04729796--01026--018

TITLE

DELETE

5. TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

***208.75

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE

DELETE

6. TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 CITY - ST - ZIP

Change Addition
32
4.22

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change of name or attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

François Lacombe

April 24th, 1996 (418) 228-5104

DATE

TELEPHONE NUMBER

CR2E034 (12/95)