

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
 AND  
 FILED

1998 JUN -5 AM 9:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997-1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004035 (0)

1. Corporation Name  
**EBENISTERIE BEAUBOIS LTEE**



Principal Place of Business <b>521. 6TH AVENUE P.O. BOX 8                  ST GEORGES                  QUEBEC, CANADA G5Y 5C4</b>	Mailing Address <b>521. 6TH AVENUE P.O. BOX 8                  ST GEORGES                  QUEBEC, CANADA G5Y 5C4</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified <b>08/22/1995</b>	3a. Date of Last Report <b>04/27/1996</b>
4. FEI Number <b>APPLIED FOR 98-0168053</b>	Applied Not Applied
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TURCOTTE, MARCEL  
 2109, POLO CLUB DR., APT #201  
 KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCDS	<input type="checkbox"/> DELETE
NAME	POMERLEAU, HERVE	
STREET ADDRESS	785, 18TH STREET	
CITY-ST-ZIP	ST-EORGES OUEST, CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LACOMBE, FRANCOIS	
STREET ADDRESS	689, ST-CHARLES	
CITY-ST-ZIP	BEAUCEVILLE, QUEBEC	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Pierre Pomerleau	
STREET ADDRESS	536 BERWICK	
CITY-ST-ZIP	Ville Mont Royal H3R 2A2	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS	300002556933--3	
1.4 CITY-ST-ZIP	-06/11/98--01077--003	
	****173.75 ****173.75	<input type="checkbox"/> Change <input type="checkbox"/>
2.1 TITLE		
2.2 NAME	300002556933--3	
2.3 STREET ADDRESS	-06/11/98--01077--004	
2.4 CITY-ST-ZIP	****158.95 ****158.95	<input type="checkbox"/> Change <input type="checkbox"/>
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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. 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.

SCC 6-5-98

SIGNATURE \_\_\_\_\_