

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:45

**DOCUMENT # 702383 (1)**

1. Corporation Name  
**LE COTILLON, INC.**

Principal Place of Business Mailing Address  
**2800 NE 14TH STREET FT. LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/03/1961** 3a. Date of Last Report **04/19/1994**  
4. FEI Number **59-1444262** Applied For  Not Applicable

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHU, PATRICIA  
2800 N E 14TH ST  
FORT LAUDERDALE FL 33304**

81 Name **LASHER, HELEN**  
82 Street Address (P.O. Box Number is Not Acceptable) **2800 N.E. 14 ST.**  
83  
84 City **FT. LAUDERDALE FL** 85 Zip Code **33304**

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 **HELEN LASHER, TREAS.** *Helen Lasher* 4/1/95  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>TD</b>
NAME	<b>CHU, PATRICIA</b>
STREET ADDRESS	<b>2800 NE 14TH ST</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>PD</b>
NAME	<b>MAJESKI, DANIEL</b>
STREET ADDRESS	<b>2800 NE 14TH ST</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
TITLE	<b>D</b>
NAME	<b>BARTLEY, LOUISE</b>
STREET ADDRESS	<b>2800 NE 14TH ST</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
TITLE	<b>D</b>
NAME	<b>OCONNOR, NEIL</b>
STREET ADDRESS	<b>2800 NE 14TH STREET</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
TITLE	<b>S</b>
NAME	<b>LAPERNA, LINDA</b>
STREET ADDRESS	<b>2800 NE 14TH STREET</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>
TITLE	<b>D</b>
NAME	<b>PROVENZANO JOHN</b>
STREET ADDRESS	<b>2800 N.E. 14TH ST.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>

1.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LASHER HELEN</b>
1.3 STREET ADDRESS	<b>2800 N.E. 14 ST</b>
1.4 CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D MAJESKI, DANIEL</b>
2.3 STREET ADDRESS	<b>2800 N.E. 14 ST</b>
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D BARTLEY LOUISE</b>
3.3 STREET ADDRESS	<b>2800 N.E. 14 ST.</b>
3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PD OCONNOR NEIL</b>
4.3 STREET ADDRESS	<b>2800 N.E. 14 ST.</b>
4.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>
5.1 TITLE	<b>RETIRE D</b> <input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>PROVENZANO JOHN</b>
6.3 STREET ADDRESS	<b>2800 N.E. 14 ST</b>
6.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>

I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name is correct or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Helen Lasher* **HELEN LASHER-305-565-4781**  
Type Name