

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 702383 (1)

1. Corporation Name
LE COTILLION, INC.



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

3. Date Incorporated or Qualified 05/03/1961	
4. FEI Number 59-1444262	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

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

9. Name and Address of Current Registered Agent

VILLAIRE, E.R.
2800 NE 14 ST.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAPERNA, LINDA	
STREET ADDRESS	2800 NE 14 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAIRALINO, ANTHONY	
STREET ADDRESS	2800 N.E. 14 ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VILLAIRE, E.R.	
STREET ADDRESS	2800 NE 14TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OCONNOR, NEIL	
STREET ADDRESS	2800 NE 14TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROVENZANO, JOHN	
STREET ADDRESS	2800 NE 14 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Addition
6.2 NAME	HALLMAN, JOYCE
6.3 STREET ADDRESS	2800 N.E. 14TH ST
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE _____ Date: **March 24 1998**

CFR2037 (10/97)