FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

704299

(7)

Mailing Address

THE DEAUVILLE WEST, INC.

3201 S E 10TH POMPANO BEA	-	3201 S E 10TH ST POMPANO BEACH FL 33062-6560					
					3. Date Incorporated or Qualified 07/18/1962	3a. Date of Lat 04/08/	st Report 1996
2. Principal Pi	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1035320	Applied For Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp 24	Country 25	Zip 29	Countr 30	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Ro	egistered Agent	
			B1	Name			
TORREY		82 Street Address (P.O. Box Number is Not Accepta		ble)			
3201 S I A-6	E 10TH ST	83					
	NO BEACH FL 33062		84	City		, 85	Zip Code
	•			1		FL	
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	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered A	ent signature	required when reinstating)	DATE	
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PTD	DELETE	1.1 TITLE		D	☐ Char	nge 🔲 Addition
NAME	TORREY, RICHARD		1.2 NAME		HILL ISAAC		
STREET ADDRESS	3201 S.E. 10TH STREET		1.3 STREE	T ADDRESS	2201 SE 10 01		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY	ST-ZIP	POMPAND BEACH, FL		
TITLE	VD	DELETE	2.1 TITLE			Char	nge 🔲 Addition
NAME	SKIDMORE, ROSALIE		2.2 NAME				
STREET ADDRESS	3201 SE 10TH ST		2.3 STREE	ET ADDRESS			
	POMPANO BCH FL		2. 4 CITY		. •		
CITY-ST-ZIP TITLE	D	DELETE	3.1 TITLE			☐ Char	nge Addition
NAME	PROCTOR, PHILOMENE		3.2 NAME				-
STREET ADDRESS	3201 SE 10TH ST			ET ADDRESS			ļ
	DOMESTIC DESCRIPTION		3.4. CITY				ļ
CITY-ST-ZIP TITLE	D	DELETE 4.1				Char	nge Addition
NAME	KANELLAKOS, GUS	<u></u>	4. 2 NAM				
	3201 SE 10TH ST			ET ADDRESS			
STREET ADDRESS	POMPANO BEACH FL		4.4 CITY				
CITY-\$T-ZIP TITLE	SD SD	DELETE	5.1 TITLE			☐ Char	nge Addition
NAME	1	TORREY, ELIZABETH P 52					• –
	3201 SE 10TH ST		L				
STREET ADDRESS	PALIFICA PELALI FI			ET ADDRESS			
CITY-ST-ZIP	FOMFAING DEAGH FL			-ST-ZIP		☐ Chai	nge Addition
111LE MANAGE		C percie	6.1 TITLE 6.2 NAM			O.M.	
NAME							
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	by partify that the information expedie	d with this filing does not qualif	6.4 CiTY		stated in Section 119.07(3)(i) Florida Statut	es. I further certify	that the
information and appears	by certify that the mornation supplied on indicated on this annual report or to officer or director of the corporation of in Block 12 or Block 13 if changed, o	supplemental annual report is to the receiver or trustee empow r on an attachment with an add	rue and ac ered to exe eress.	curate and	stated in Section 119.07(3)(i), Florida Statut d that my signature shall have the same leg report as required by Chapter 617 Florida	pal effect as if made Statutes; and that	e under oath; that my name

SIGNATURE:

FILED

Mar 31 1997 8:00am

Secretary of State