

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

**APPROVED
AND
FILED**

95 MAR 15 AM 11:01

DOCUMENT # 727457 (4)

1. Corporation Name
LA MAISON CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**3450 GULF SHORE BL NORTH
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/14/1973** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1417922** 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**
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

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

9. Name and Address of Current Registered Agent
**JODER, MARJORIE J.
3003 TAMiami TRAIL N #120
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
802 Anchor Bode Drive
83
84 City **Naples** FL 85 Zip Code **33940**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSAT	1.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRY, BETTY	1.2 NAME	David Blumenfeld
STREET ADDRESS	3450 GULF SHORE BLVD. N. APT. 307	1.3 STREET ADDRESS	3450 Gulf Shore Boulevard North
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	Naples, FL 33940
TITLE	DVP	2.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANZ, HOWARD C.	2.2 NAME	Kirk Andrews
STREET ADDRESS	5815 BASTILLE PLACE	2.3 STREET ADDRESS	3450 Gulf Shore Boulevard North
CITY - ST - ZIP	COLUMBUS OH	2.4 CITY - ST - ZIP	Naples, FL 33940
TITLE	DT	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAMES	3.2 NAME	
STREET ADDRESS	34 KNOX CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	EVANSTON FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBI, ROGER	4.2 NAME	
STREET ADDRESS	3450 GULF SHORE BLVD. N.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISS, JOE	5.2 NAME	
STREET ADDRESS	4803 FIRST AVENUE NW	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	D/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTES, HELEN	6.2 NAME	
STREET ADDRESS	3450 GULF SHORE BLVD #313	6.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
Typed Name and Title of Signing Officer or Director: **ROGER G. JACOBI, President**
Date: **3/10/95** Daytime Phone #: **813-261-0839**