

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727457 (4)

1. Corporation Name
LA MAISON CLUB, INC.



Principal Place of Business 3450 GULF SHORE BL. NORTH NAPLES FL 33940	Mailing Address 3450 GULF SHORE BL. NORTH NAPLES FL 33940
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 09/14/1973	3a. Date of Last Report 03/15/1995
		4. FEI Number 59-1417922	Applied For 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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JODER, MARJORIE J. 802 ANCHOR RODE DRIVE NAPLES FL 33940	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS BLUMENFELD, DAVID 3450 GULF SHORE BOULEVARD NORTH NAPLES FL	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT ANDREWS, KIRK 3450 GULF SHORE BOULEVARD NORTH NAPLES FL	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BELL, RICHARD
STREET ADDRESS		2.3 STREET ADDRESS	123 OCEANPORT LANE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	WEST CHATHAM, MA 02669-1271
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	BIERYLO, ANTHONY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JAMES	3.2 NAME	5327 FAIRWAY COURT
STREET ADDRESS	34 KNOX CIRCLE	3.3 STREET ADDRESS	WEST BLOOMFIELD, MI 48323
CITY-ST-ZIP	EVANSTON FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBI, ROGER	4.2 NAME	HANSEN, GERALD
STREET ADDRESS	3450 GULF SHORE BLVD. N.	4.3 STREET ADDRESS	3640 HAINES ROAD
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	STURGEON BAY, WI 54235
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRISS, JOE	5.2 NAME	FRANZ, HOWARD C.
STREET ADDRESS	4803 FIRST AVENUE NW	5.3 STREET ADDRESS	5815 BASTILLE PLACE
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	COLUMBUS, OH 43213
TITLE	DAS <input type="checkbox"/> DELETE	6.1 TITLE	ALTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTES, HELEN	6.2 NAME	GARBETT, RUTH
STREET ADDRESS	3450 GULF SHORE BLVD #313	6.3 STREET ADDRESS	3450 GULF SHORE BLVD. N, APT. #206
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	NAPLES, FL 33940

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: Gerald Hansen Gerald Hansen, Pres. 4/24/96 414-743-2735
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

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LA MAISON CLUB, INC.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12

ALTD

x Addition

MARSHALL, LEONARD
5100 U.S. HIGHWAY 42, APT. #1224
LOUISVILLE, KY 40241-6045

EXVP/S/D

x Addition

ARMSTRONG, JOHANNA F.
542 PINE GROVE LANE
NAPLES, FL 33940