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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001378 (6)
 1. Corporation Name

ALLIANCE FRANCAISE DE FORT LAUDERDALE, INC.



Principal Place of Business 201 SE 8 AVE FT LAUDERDALE FL 33301	Mailing Address 201 SE 8 AVE FT LAUDERDALE FL 33301
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3. Date Incorporated or Qualified 03/13/1996	
4. FEI Number 65-0652482	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CAUCHY, NATACHA 201 SE 8 AVE FT LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	PD CAUCHY, NATACHA 401 SAN MARCO DR FT LAUDERDALE FL 33301	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD CALDWELL, WADE 5201 NE 18 AVE #3 FT LAUDERDALE FL 33334	1.2 NAME	
TITLE	SD LECLERCQ, CORINNE 1775 SW 29 AVE FT LAUDERDALE FL 33312	1.3 STREET ADDRESS	
TITLE	TD MYERS, PAULINE 2400 NE 13 STREET FT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	
TITLE	VP Peter Gordon	2.1 TITLE	AD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		5.2 NAME	Peter Gordon
TITLE		5.3 STREET ADDRESS	3650 N. 36 Avenue - Villa 38
TITLE		5.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		6.2 NAME	Thibault de Chatellus
TITLE		6.3 STREET ADDRESS	200 S. Andrews Avenue
TITLE		6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301

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, or on an attachment with an address.

SIGNATURE: W. Caldwell (Wade Caldwell - President) 1/15/98 954-202-0603

CR2E037 (10/97)

13.

TITLE

D

Change

Addition

NAME

Yolanda Maurer

STREET ADDRESS

1811 S.E. 14 Street

CITY-ST-ZIP

Fort Lauderdale, FL 33316