

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001378**

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

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90003 038 \*\*\*\*61.25

\* 6 615787-90003-38 7 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0652482	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CAUCHY, NATACHA 201 SE 8 AVE FT LAUDERDALE FL 33301				81 Name	
				ANALOU WALDEN	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				201 S.E. 8TH AVE.	
				83	
				84 City	
				FT. LAUDERDALE, FL	
				85 Zip Code	
				33301	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE 9/9/99					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		D <input checked="" type="checkbox"/> DELETE		1.1 TITLE	
NAME		CAUCHY, NATACHA		PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		401 SAN MARCO DR		1.2 NAME	
CITY-ST-ZIP		FT LAUDERDALE FL 33301		WALDEN, ANALOU	
TITLE		PD <input checked="" type="checkbox"/> DELETE		1.3 STREET ADDRESS	
NAME		CALDWELL, WADE		201 S.E. 8TH AVE.	
STREET ADDRESS		5201 NE 18 AVE #3		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		FT LAUDERDALE FL 33334		FT. LAUDERDALE, FL 33301	
TITLE		SD <input checked="" type="checkbox"/> DELETE		2.1 TITLE	
NAME		LECLERCQ, CORINNE		D- VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		1775 SW 29 AVE		2.2 NAME	
CITY-ST-ZIP		FT LAUDERDALE FL 33312		JOHN BAUER	
TITLE		TD <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
NAME		MYERS, PAULINE		2200 S. OCEAN LANE - #1705	
STREET ADDRESS		2400 NE 13 STREET		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		FT LAUDERDALE FL 33304		FT. LAUDERDALE, FL 33308	
TITLE		VD <input checked="" type="checkbox"/> DELETE		3.1 TITLE	
NAME		GORDON, PETER		VP-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		3650 N 36TH AVE VILLA 38		3.2 NAME	
CITY-ST-ZIP		HOLLYWOOD FL 33021		JACQUELINE BELLAMY	
TITLE		D <input checked="" type="checkbox"/> DELETE		3.3 STREET ADDRESS	
NAME		DECHATTELLUS, THIBAUT		14625 HARRIS PLACE/MIAMI LAKES, FL.	
STREET ADDRESS		200 S ANDREWS AVE		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		FT LAUDERDALE FL 33301		33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE				4.1 TITLE	
NAME				SD	
STREET ADDRESS				4.2 NAME	
CITY-ST-ZIP				CAPUCINE MOURIER	
TITLE				4.3 STREET ADDRESS	
NAME				201 S.E. 8TH AVE.	
STREET ADDRESS				4.4 CITY-ST-ZIP	
CITY-ST-ZIP				FT. LAUDERDALE, FL 33301	
TITLE				5.1 TITLE	
NAME				D- JOHN MACDONALD, V.P.	
STREET ADDRESS				5.2 NAME	
CITY-ST-ZIP				4010 N. OCEAN BLVD.	
TITLE				5.3 STREET ADDRESS	
NAME				FT. LAUDERDALE, FL 33308	
STREET ADDRESS				5.4 CITY-ST-ZIP	
CITY-ST-ZIP				FT. LAUDERDALE, FL 33308	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

SEP 8 1999

954-564-1203

CR2E037 (5/99)