

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|



DOCUMENT # P95000008325 (9)
 1. Corporation Name
FRENCHMAN'S CREEK REALTY, INC.

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|---|--|
| Principal Place of Business 13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410 | Mailing Address 13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410-1204 |
|---|--|

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|---|------------------|---------------------|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/01/1995 | 3a. Date of Last Report 06/19/1996 |
| 21. Suite, Apt. #, etc. | 22. City & State | 23. Zip | 24. Country | 4. FEI Number 65-0580680 | Applied For Not Applicable |
| 25. Suite, Apt. #, etc. | 26. City & State | 27. Zip | 28. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 29. Suite, Apt. #, etc. | 30. City & State | 31. Zip | 32. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

RYAN, JAMES H
701 U.S. HWY. ONE
SUITE 402
NORTH PALM BEACH FL 33408

81. Name **John B. McCracken**
 82. Street Address (P.O. Box Number is Not Acceptable)
Jones, Foster, Johnston & Stubbs
 83. **505 South Flagler Drive, 11th Floor**
 84. City **West Palm Beach** FL 85. Zip Code **33402-3475**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/30/97**

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-----------------------------|--|---|------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCHLESINGER, GILBERT A | | 1.2 NAME | Howard A. Wiener | |
| STREET ADDRESS | 3288 DEGAS DR. EAST | | 1.3 STREET ADDRESS | 13245 Verdun Drive | |
| CITY - ST - ZIP | PALM BCH GARDENS FL 33410 | | 1.4 CITY - ST - ZIP | Palm Beach Gardens, FL 33410 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GIGLIOTTI, CHRIS | | 2.2 NAME | Gerard Glasser | |
| STREET ADDRESS | 3181 MONET DR. | | 2.3 STREET ADDRESS | 13400 Provence | |
| CITY - ST - ZIP | PALM BCH GARDENS FL 33410 | | 2.4 CITY - ST - ZIP | Palm Beach Gardens, FL 33410 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOVLER, ADOLPH | | 3.2 NAME | Lloyd Singer | |
| STREET ADDRESS | 2880 LE BATEAU DR. | | 3.3 STREET ADDRESS | 13236 Verdun Drive | |
| CITY - ST - ZIP | PALM BEACH GARDENS FL 33410 | | 3.4 CITY - ST - ZIP | Palm Beach Gardens, FL 33410 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SEYMOUR, SPIRA | | 4.2 NAME | John Holsten | |
| STREET ADDRESS | 3819 TOULOUSE DR. | | 4.3 STREET ADDRESS | 13717 Rivoli Drive | |
| CITY - ST - ZIP | PALM BEACH GARDENS FL 33410 | | 4.4 CITY - ST - ZIP | Palm Beach Gardens, FL 33410 | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 6.4 CITY - ST - ZIP | | |

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/9/97** DAYTIME PHONE #: **775-1570**

CR2E034 (9/96)