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Secretary of State

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US617330

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000008325

1. Corporation Name
FRENCHMAN'S CREEK REALTY, INC.



Principal Place of Business 13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410	Mailing Address 13495 TOURNAMENT DRIVE PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0580680
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCCRACKEN, JOHN B JONES, FOSTER, JOHNSTON & STUBBS 505 S FLAGLER DRIVE, 11TH FLOOR WEST PALM BEACH FL 33402				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
		85	Zip Code	FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRA, SEYMOUR	1.2 NAME	
STREET ADDRESS	3819 TOULOUSE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D Sol Freedman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, ARTHUR	2.2 NAME	3810 Limoges Lane
STREET ADDRESS	13789 RIVOLI DRIVE	2.3 STREET ADDRESS	Palm Beach Gardens, FL 33410
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVLER, ADOLPH	3.2 NAME	
STREET ADDRESS	2880 LE BATEAU DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, MILLARD	4.2 NAME	
STREET ADDRESS	13750 PARC DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Lloyd Singer
STREET ADDRESS		5.3 STREET ADDRESS	13236 Verdun Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Morrie Click
STREET ADDRESS		6.3 STREET ADDRESS	13345 Provence Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410

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 607, 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 employed.

SIGNATURE: _____ DATE: 4/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)