

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S62066** (3)

1. Corporation Name
FRENCHMAN'S CREEK EXCLUSIVE REALTY CORP.

Principal Place of Business Address
**13783 TOURNAMENT DR
PALM BCH GARDENS FL 33410
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/25/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

22 27

23 28

24 25 29 30

4. FEI Number **65-0283680** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199 (1992 Florida Statutes) Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOMBACH, GEOFFREY S ESQ
500 E BROWARD BLVD
FT LAUDERDALE FL 33394**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1504, 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 607.0702, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ATTENTIONS CHANGE TO OFFICERS AND DIRECTORS IN 12

DS
NAME: **LEIBOWITZ, BARBARA**
STREET ADDRESS: **13783 TOURNAMENT DR**
CITY, ST, ZIP: **PALM BEACH GDNS FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

D
NAME: **GOLDBERG, MAXWELL**
STREET ADDRESS: **13783 TOURNAMENT DR**
CITY, ST, ZIP: **PALM BEACH GDNS FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

P
NAME: **GOLDBERG, SHIRLEY**
STREET ADDRESS: **13783 TOURNAMENT DR**
CITY, ST, ZIP: **PALM BCH GARDENS FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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 110.07(1)(b), Florida Statutes. I further certify that the information included 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:

Barbara Leibowitz
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR
BARBARA Leibowitz

4-28-95

407-427-5100