FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:16

DOCUMENT # 702445 (8)

1. Corporation Name
THE DEAUVILLE INC.

Principal Place of Business	Mailing Address
3215 SE 10TH ST POMPANO BEACH FL 33062	3215 SE 10TH ST POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1961
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-0951676 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SUTTER, EDITH R
3215 SE 10TH ST APT 207
POMPANO BEACH, FL
33062

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

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 mail filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE PD	☒ Change ☐ Addition
NAME	BAIRD, DONALD G.	1.2 NAME	Robert D Walrath
STREET ADDRESS	3215 SE 10TH ST	1.3 STREET ADDRESS	3215 S. E. 10th St
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP	Pompano Beach, FL 00000
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	RIORDAN, HELEN M	2.2 NAME	
STREET ADDRESS	3215 SE 10TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	AST	3.1 TITLE	☐ Change ☐ Addition
NAME	SUTTER, EDITH R	3.2 NAME	
STREET ADDRESS	3215 SE 10TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ATD	4.1 TITLE	☐ Change ☐ Addition
NAME	COMO, SHIRLEY	4.2 NAME	
STREET ADDRESS	3215 SE 10TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE SD	☒ Change ☐ Addition
NAME	ZUBIAURRE, EILEEN	5.2 NAME	Angelina Mollica
STREET ADDRESS	3215 S.E. 10TH STREET	5.3 STREET ADDRESS	3215 S. E. 10th St.
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	Pompano Beach, FL 00000
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: Edith R. Sutter Treasur 2-9-95 781-5306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDITH R. SUTTER

000031