

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**,  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 702445 (8)**

1. Corporation Name

**THE DEAUVILLE INC.**

Principal Place of Business

**3215 SE 10TH ST  
POMPANO BEACH FL 33062**

Mailing Address

**3215 SE 10TH ST  
POMPANO BEACH FL 33062-6561**3. Date Incorporated or Qualified  
**05/16/1961**3a. Date of Last Report  
**02/26/1996**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City &amp; State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City &amp; State

**27**

Zip

Country

**28**

Zip

Country

**30**

4. FEI Number

**59-0951676**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

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 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relistating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALRATH, ROBERT D	
STREET ADDRESS	3215 SE 10TH ST	
CITY-ST-ZIP	POMPANO BCH, FL 00000	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAMBRINOS, THOMAS	
STREET ADDRESS	3215 SE 10TH STREET	
CITY-ST-ZIP	POMPANO BCH, FL 00000	

TITLE	AST	<input type="checkbox"/> DELETE
NAME	SUTTER, EDITH R	
STREET ADDRESS	3215 SE 10TH ST	
CITY-ST-ZIP	POMPANO BCH, FL 00000	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERGERON, JACQUES	
STREET ADDRESS	3215 SE 10TH ST	
CITY-ST-ZIP	POMPANO BCH, FL 00000	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOLUCA, ANGELINA	
STREET ADDRESS	3215 S.E. 10TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Raymond Zubiaurre
4.3 STREET ADDRESS	3215 S. E. 10th Street
4.4 CITY-ST-ZIP	Pompano Beach, FL 33062

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:	<i>Edith R. Sutter, Treasurer, Asst Sec.</i>	Date	2/16/97	Daytime Phone #	951-781-5306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)