


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **706669** (9)
1. Corporation Name
FLEUR-DE-LIS, INC.



Principal Place of Business Mailing Address
#1 NO. GOLFVIEW DR. **#1 NO. GOLFVIEW DR.**
LAKE WORTH FL 33460 **LAKE WORTH FL 33460-3908**

3. Date Incorporated or Qualified **12/31/1963** 3a. Date of Last Report **02/12/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1003399 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BENNETT, VIRGINIA K. BEN~~
~~8146 PALOMINO DRIVE~~
~~LAKE WORTH FL 33467~~
MARY RAUSCH
1411 INDIAN ROAD
WEST PALM BEACH, FL
33406

81 Name **Mary Rausch**
82 Street Address (P.O. Box Number is Not Acceptable)
1411 Indian Road
83
84 City **West Palm Beach** **FL** 85 Zip Code **33406**

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

Mary Rausch

(NOTE: Registered Agent signature required when reinstating)

DATE **3-5-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D
NAME	DEARTH, WILLIAM	1.2 NAME	P/D
STREET ADDRESS	1 N. GOLFVIEW RD. #201	1.3 STREET ADDRESS	TURISCO, ALFRED
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	1 N GOLFVIEW # LAKE WORTH, FL
TITLE	ST	2.1 TITLE	ST
NAME	WHITFIELD, RUTH C.	2.2 NAME	QUINN, ANDREW
STREET ADDRESS	1 N GOLFVIEW DR 101 APT.	2.3 STREET ADDRESS	1 N. GOLFVIEW ROAD # 304
CITY-ST-ZIP	LK WORTH, FL 00000	2.4 CITY-ST-ZIP	LAKE WORTH FL 33406
TITLE	AS	3.1 TITLE	AS
NAME	ARDIZZONE, MARY	3.2 NAME	
STREET ADDRESS	1 N GOLFVIEW #305	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	LK WORTH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	VP
NAME	SCOTT, ARCHIE	4.2 NAME	
STREET ADDRESS	1 N. GOLFVIEW RD. #302	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE	DG	5.1 TITLE	D
NAME	SMITH, THOMAS P.	5.2 NAME	
STREET ADDRESS	1 N. GOLFVIEW #702	5.3 STREET ADDRESS	SAME
CITY-ST-ZIP	LK WORTH FL	5.4 CITY-ST-ZIP	
TITLE	DG	6.1 TITLE	D
NAME	MAEHLMANN, VINCENT	6.2 NAME	
STREET ADDRESS	1 N. GOLFVIEW #205	6.3 STREET ADDRESS	SAME
CITY-ST-ZIP	LAKE WORTH FL	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.

CR2E037 (9/96)