


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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

Principal Place of Business  
**#1 NO. GOLFVIEW DR.  
LAKE WORTH FL 33460**

Mailing Address  
**#1 NO. GOLFVIEW DR.  
LAKE WORTH FL 33460**

3. Date Incorporated or Qualified  
**12/31/1963**

4. FEI Number  
**59-1003399**

Applied For  
☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAUSCH, MARY  
1411 INDIAN ROAD  
WEST PALM BEACH FL 33408**

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | TURISCO, ALFRED        |  |
| STREET ADDRESS | 1 N GOLFVIEW #         |  |
| CITY-ST-ZIP    | LAKE WORTH FL          |  |
| TITLE          | ST                     | <input type="checkbox"/> DELETE            |
| NAME           | QUINN, ANDREW          |  |
| STREET ADDRESS | 1 N GOLFVIEW ROAD #304 |  |
| CITY-ST-ZIP    | LAKE WORTH FL          |  |
| TITLE          | AS                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | ARDIZZONE, MARY        |  |
| STREET ADDRESS | 1 N GOLFVIEW #305      |  |
| CITY-ST-ZIP    | LK WORTH, FL 00000     |  |
| TITLE          | VP                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | SCOTT, ARCHIE          |  |
| STREET ADDRESS | 1 N. GOLFVIEW RD. #302 |  |
| CITY-ST-ZIP    | LAKE WORTH FL          |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | SMITH, THOMAS P.       |  |
| STREET ADDRESS | 1 N. GOLFVIEW #702     |  |
| CITY-ST-ZIP    | LK WORTH FL            |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MAEHLHANN, VINCENT     |  |
| STREET ADDRESS | 1 N. GOLFVIEW #205     |  |
| CITY-ST-ZIP    | LAKE WORTH FL          |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | PRESIDENT             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | JAY GREENE            |  |
| 1.3 STREET ADDRESS | 1 N GOLFVIEW #501     |  |
| 1.4 CITY-ST-ZIP    | LAKE WORTH, FL        |  |
| 2.1 TITLE          | TREASURER             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                       |  |
| 2.3 STREET ADDRESS |                       |  |
| 2.4 CITY-ST-ZIP    |                       |  |
| 3.1 TITLE          | SECRETARY             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | DAVID PAILE           |  |
| 3.3 STREET ADDRESS | 1 N GOLFVIEW #200     |  |
| 3.4 CITY-ST-ZIP    | LAKE WORTH, FL        |  |
| 4.1 TITLE          | VICE PRESIDENT        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | JOHN WABSEN           |  |
| 4.3 STREET ADDRESS | 1 N GOLFVIEW #602/603 |  |
| 4.4 CITY-ST-ZIP    | LAKE WORTH, FL        |  |
| 5.1 TITLE          | DEPT KEEHR            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           |                       |  |
| 5.3 STREET ADDRESS | 1 N GOLFVIEW #300     |  |
| 5.4 CITY-ST-ZIP    | LAKE WORTH, FL        |  |
| 6.1 TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | DAN FARIELLO          |  |
| 6.3 STREET ADDRESS | 1 N GOLFVIEW          |  |
| 6.4 CITY-ST-ZIP    | LAKE WORTH, FL        |  |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrew J. Quinn* *3/25/98* *586 635*

CR2E037 (10/97)