

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **393369** (4)

1. Corporation Name

FRENCH QUARTER RECREATION CENTER, INC.



Principal Place of Business

Mailing Address

408 N.W. 70 AVE.
PLANTATION FL 33317

408 N.W. 70 AVE.
PLANTATION FL 33317

3. Date Incorporated or Qualified

09/27/1971

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1506106

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAPPAS, JOHN
290 NW 69TH AVE, #169
PLANTATION, FL
33317

81. Name

BOBBIE Crawford

82. Street Address (P.O. Box Number is Not Acceptable)

83

304 NW 69th Ave. #155

84. City

Plantation, FL 33317 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

Bobbie E Crawford

4-16-96

Signature, typed or printed name of registered agent and their address

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
S GLEN, JOSEPH
STREET ADDRESS
400 NW 70TH AVE, #213
CITY-ST-ZIP
PLANTATION FL

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
S ROSE MARY HUF CUT
312 NW 69th Ave. #252
Plantation, FL 33317

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
VP CRAWFORD, BOBBIE
STREET ADDRESS
304 NW 69TH AVE #155
CITY-ST-ZIP
PLANTATION FL

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
T PAPPAS, JOHN
STREET ADDRESS
290 N.W. 69TH AVE. #169
CITY-ST-ZIP
PLANTATION, FL 00000

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
T ODOM WAYNE
424 NW 70th Ave. #122
Plantation, FL 33317

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
P COKER, BILL
STREET ADDRESS
334 N W 69TH AVENUE #196
CITY-ST-ZIP
PLANTATION FL

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 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)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bobbie E Crawford

4-16-96

954-792-5159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)