

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 393369 (4)  
1. Corporation Name  
FRENCH QUARTER RECREATION CENTER, INC.

Principal Place of Business  
408 N.W. 70 AVE.  
PLANTATION FL 33317

Mailing Address  
408 N.W. 70 AVE.  
PLANTATION FL 33317-7550



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1971	3a. Date of Last Report 04/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1506106		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOBBIE CRAWFORD 304 NW 69TH AVE #155 PLANTATION FL 33317		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE MARY HUF CUT	1.2 NAME	DIANE HALLARAN
STREET ADDRESS	312 NW 69TH AVE #252	1.3 STREET ADDRESS	432 N.W. 70TH AVE., # 232
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, BOBBIE	2.2 NAME	
STREET ADDRESS	304 NW 69TH AVE #155	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM WAYNE	3.2 NAME	JOHN PAPPAS
STREET ADDRESS	424 NW 70TH AVE #122	3.3 STREET ADDRESS	290 N.W. 69TH AVE., #169
CITY - ST - ZIP	PLANTATION, FL 00000	3.4 CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKER, BILL	4.2 NAME	COCKER, BILL
STREET ADDRESS	334 N W 69TH AVENUE #108	4.3 STREET ADDRESS	334 N.W. 69TH AVE, #296
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment and an address.

SIGNATURE: *Bill Coker* 4/25/97 954-791-1850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)