

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

FILED

May 07 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BOBBIE CRAWFORD
304 NW 69TH AVE
#155
PLANTATION FL 33317

3. Date Incorporated or Qualified

09/27/1971

4. FEI Number

59-1506106

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

BILL COKER

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

334 NW 69TH AVE, # 296

83

84 City

PLANTATION

FL

85 Zip Code

33317

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, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I understand with this acceptance the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Bill Coker, Pres.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | HALLARAN, DIANE | |
| STREET ADDRESS | 432 NW 70TH AVE. #232 | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | CRAWFORD, BOBBIE | |
| STREET ADDRESS | 304 NW 69TH AVE #155 | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | PAPPAS, JOHN | |
| STREET ADDRESS | 290 NW 69TH AVE #189 | |
| CITY-ST-ZIP | PLANTATION, FL 00000 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | COKER, BILL | |
| STREET ADDRESS | 334 NW 69TH AVENUE #296 | |
| CITY-ST-ZIP | PLANTATION FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ALAN BECKMAN | |
| 1.3 STREET ADDRESS | 326 NW 69TH AVENUE, #143 | |
| 1.4 CITY-ST-ZIP | PLANTATION, FL 33317 | |
| 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MONA JEFFRIES | |
| 2.3 STREET ADDRESS | 302 NW 69TH AVE, # 257 | |
| 2.4 CITY-ST-ZIP | PLANTATION, FL 33317 | |
| 3.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | RICHARD ROBINSON | |
| 3.3 STREET ADDRESS | 432 NW 70TH AVE, # 131 | |
| 3.4 CITY-ST-ZIP | PLANTATION, FL 33317 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 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 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 on an attachment with an address.

SIGNATURE:

Bill Coker, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98 791-1850
Date Daytime Phone # 0289679

CR2E034 (10/97)