

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90163 021 ***150.00

DOCUMENT # 393369

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

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
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COKER, BILL
334 NW 69TH AVE
SUITE 296
PLANTATION FL 33317

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☒ DELETE
NAME BECKMAN, ALAN
STREET ADDRESS 326 NW 69TH AVE, #143
CITY-ST-ZIP PLANTATION FL 33317

1.1 TITLE SD BOBBIE CRAWFORD ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 304 N.W. 69TH AVE, #155
1.4 CITY-ST-ZIP PLANTATION, FL 33317

TITLE VP ☒ DELETE
NAME JEFFRIES, MONA
STREET ADDRESS 302 NW 69TH AVE, #257
CITY-ST-ZIP PLANTATION FL 33317

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME ALAN BECKMAN
2.3 STREET ADDRESS 326 N.W. 69TH AVE, #143
2.4 CITY-ST-ZIP PLANTATION, FL 33317

TITLE T ☒ DELETE
NAME ROBINSON, RICHARD
STREET ADDRESS 432 NW 70TH AVE, #131
CITY-ST-ZIP PLANTATION, FL 00000 33317

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME WAYNE H. ODOM
3.3 STREET ADDRESS 424 N.W. 70TH AVE, #122
3.4 CITY-ST-ZIP PLANTATION, FL 33317

TITLE P ☐ DELETE
NAME COKER, BILL
STREET ADDRESS 334 NW 69TH AVENUE #296
CITY-ST-ZIP PLANTATION FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Bill Coker, Bill Coker 4/26/99 (950) 711-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)