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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 492019 (5)

**1. Corporation Name
PLANTATION FRENCH QUARTER MANAGEMENT, INC.**

**Principal Place of Business Mailing Address
408 N.W. 70TH AVE. 408 N.W. 70TH AVE.
PLANTATION FL 33317-7550 PLANTATION FL 33317-7550**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 3a. Date of Last Report
12/04/1975 04/27/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1668793		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		7. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 **DATE** _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S Glen, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTH, ANNE	1.2 NAME	400 NW 70th Ave. #213
STREET ADDRESS	420 NW 70TH AVENUE #125	1.3 STREET ADDRESS	Plantation, FL 33317
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKER, BILL	2.2 NAME	
STREET ADDRESS	334 N.W. 69TH AVE. #106	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAS, JOHN	3.2 NAME	
STREET ADDRESS	290 N.W. 69TH AVE. #169	3.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 00000	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	V Crawford, Bobbie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTER, DANA	4.2 NAME	304 NW 69th Ave. #155
STREET ADDRESS	284 NW 69TH AVENUE #180	4.3 STREET ADDRESS	Plantation, FL 33317
CITY - ST - ZIP	PLANTATION FL	4.4 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *John D. Pappas* **John D. Pappas** **4-19-95 (305) 584-21-29**