

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 492019 (5)

1. Corporation Name

PLANTATION FRENCH QUARTER MANAGEMENT, INC.



Principal Place of Business

408 N.W. 70TH AVE.  
PLANTATION FL 33317-7550

Mailing Address

408 N.W. 70TH AVE.  
PLANTATION FL 33317-7550

3. Date Incorporated or Qualified 12/04/1975  
3a. Date of Last Report 04/25/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number 59-1668793  
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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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

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Zip

Country

Zip

Country

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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  
84 City 304 NW 69th Ave. #155  
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, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	GLEN, JOSEPH	
STREET ADDRESS	400 NW 70TH AVE, #213	
CITY-ST-ZIP	PLANTATION FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COKER, BILL	
STREET ADDRESS	334 N.W. 69TH AVE. #106	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAPPAS, JOHN	
STREET ADDRESS	290 N.W. 69TH AVE. #169	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CRAWFORD, BOBBI	
STREET ADDRESS	304 NW 69TH AVE #155	
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		

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	S ROSE MARY HUF CUT
1 3 STREET ADDRESS	312 NW 69th Ave. Apt #252
1 4 CITY-ST-ZIP	Plantation, FL 33317
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	T ODOM WAYNE
3 3 STREET ADDRESS	424 NW 70th Ave. #122
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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 954-092-5159  
Date Daytime Phone #

CR2E034 (12/95)