

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

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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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		12/04/1975	04/29/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-1668793	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		29		<input type="checkbox"/>	
26		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
27		30		<input type="checkbox"/>	
28		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29		30		<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			
BOBBIE CRAWFORD 280 NW 69TH AVE, #189 304 N.W. 69TH AVENUE, #155 PLANTATION FL 33317				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	304 N.W. 69TH AVE, #155		
				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 HUF CUT, ROSE MARY 312 N.W. 69TH AVE., APT.252 PLANTATION FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S DIANE HALLABEN 432 N.W. 70TH AVE, #232 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P COKER, BILL 334 N.W. 69TH AVE. #108 PLANTATION FL	<input type="checkbox"/> DELETE	1.2 NAME	P COKER, BILL 334 N.W. 69TH AVE, #296 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	T ODOM, WAYNE 424 N.W. 70TH AVE., #122 PLANTATION, FL 00000	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	T JOHN PAPPAS 290 N.W. 69TH AVE, #169 PLANTATION, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	VP CRAWFORD, BOBBIE 304 NW 69TH AVE #155 PLANTATION FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 14 if new, of this attachment with 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)