

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1975	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1668793	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOBBIE CRAWFORD 304 NW 69TH AVE #155 304 N.W. 69TH AVENUE, #155 PLANTATION FL 33317				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, 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: *Bill Coker, Bill Coker, Pres.* DATE: **4-28-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALLAREN, DIANE			1.2 NAME	ALAN BECKMAN		
STREET ADDRESS	432 NW 70TH AVE #232			1.3 STREET ADDRESS	326 NW 69TH AVE, # 143		
CITY-ST-ZIP	PLANTATION FL			1.4 CITY-ST-ZIP	PLANTATION, FL 33317		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COKER, BILL			2.2 NAME	BILL COKER		
STREET ADDRESS	334 NW 68TH AVE #296			2.3 STREET ADDRESS	334 NW 69TH AVE, # 296		
CITY-ST-ZIP	PLANTATION FL			2.4 CITY-ST-ZIP	PLANTATION, FL 33317		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPPAS, JOHN			3.2 NAME	RICHARD ROBINSON		
STREET ADDRESS	290 NW 69TH AVE #169			3.3 STREET ADDRESS	432 NW 70TH AVE, # 131		
CITY-ST-ZIP	PLANTATION, FL 00000			3.4 CITY-ST-ZIP	PLANTATION, FL 33317		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD, BOBBI			4.2 NAME	MONA JEFFRIES		
STREET ADDRESS	304 NW 69TH AVE #155			4.3 STREET ADDRESS	302 NW 69TH AVE, # 257		
CITY-ST-ZIP	PLANTATION FL			4.4 CITY-ST-ZIP	PLANTATION, FL 33317		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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, Bill Coker* DATE: **4-28-98** (954) **791-1850**

CR2E034 (10/97)