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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90163 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 492019

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1975

4. FEI Number
59-1668793

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

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

TITLE P
NAME COKER, BILL
STREET ADDRESS 334 NW 68TH AVE #296
CITY-ST-ZIP PLANTATION FL
 DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
 Change Addition

TITLE P
NAME COKER, BILL
STREET ADDRESS 334 NW 69TH AVE, #296
CITY-ST-ZIP PLANTATION, FL 00000 33317
 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
 Change Addition

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

4.1 TITLE T
4.2 NAME WAYNE H. ODOM
4.3 STREET ADDRESS 424 N.W. 70TH AVE, # 122
4.4 CITY-ST-ZIP PLANTATION, FL 33317
 Change Addition

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

5.1 TITLE VP
5.2 NAME ALAN BECKMAN
5.3 STREET ADDRESS 326 N.W. 69TH AVE, #143
5.4 CITY-ST-ZIP PLANTATION, FL 33317
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

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 4/26/99 (954) 41-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)