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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 524499 (1)

1. Corporation Name
L'AUBERGE DU BON VIVANT, INC.

Principal Place of Business Mailing Address

**7003 GULF OF MEXICO DR. (34228)
 P.O. BOX 42
 LONGBOAT KEY FL 34228-1109**

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 P.O. BOX 42
 LONGBOAT KEY FL 34228-1109**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/26/1977	03/07/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1728473	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	24	25
29	30	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZOUHAR, JUDITH M 3289 BENEVA RD #203 SARASOTA FL 34232		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	5009 79TH PLAZA E.
		83.	
		84. City	SARASOTA FL
		85. Zip Code	34232

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	SD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTON, MADELINE	1.2 NAME	HATTON, MADELINE
STREET ADDRESS	1502 BLUE OAK LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDENTON FL 34209	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOUHAR, JUDITH M	2.2 NAME	
STREET ADDRESS	3289 BENEVA RD. #203	2.3 STREET ADDRESS	5009 79TH PLAZA E.
CITY - ST - ZIP	SARASOTA FL 34232	2.4 CITY - ST - ZIP	SARASOTA FL 34232
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOUHAR, MICHEL J	3.2 NAME	
STREET ADDRESS	8104 19TH AVE. DR. W.	3.3 STREET ADDRESS	419 SPANG LAKES BLVD.
CITY - ST - ZIP	BRANDENTON FL 34209	3.4 CITY - ST - ZIP	BRANDENTON FL 34210
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTON, FRANCIS J	4.2 NAME	
STREET ADDRESS	1502 BLUE OAK LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDENTON FL 34209	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 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: Madeline Hatton 4/1/95 (313) 343-2121
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Duplicate Fees \$

MADLEINE HATTEN