

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706669** (9)
1. Corporation Name
FLEUR-DE-LIS, INC.



Principal Place of Business
**#1 NO. GOLFVIEW DR.
LAKE WORTH FL 33460**

Mailing Address
**#1 NO. GOLFVIEW DR.
LAKE WORTH FL 33460**

3. Date Incorporated or Qualified
12/31/1963

4. FEI Number
59-1003399

Applied For
☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAUSCH, MARY
1411 INDIAN ROAD
WEST PALM BEACH FL 33408**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PD	☒ DELETE
NAME	TURISCO, ALFRED	
STREET ADDRESS	1 N GOLFVIEW #	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ST	☐ DELETE
NAME	QUINN, ANDREW	
STREET ADDRESS	1 N GOLFVIEW ROAD #304	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	AS	☒ DELETE
NAME	ARDIZZONE, MARY	
STREET ADDRESS	1 N GOLFVIEW #305	
CITY-ST-ZIP	LK WORTH, FL 00000	
TITLE	VP	☒ DELETE
NAME	SCOTT, ARCHIE	
STREET ADDRESS	1 N. GOLFVIEW RD. #302	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	☒ DELETE
NAME	SMITH, THOMAS P.	
STREET ADDRESS	1 N. GOLFVIEW #702	
CITY-ST-ZIP	LK WORTH FL	
TITLE	D	☒ DELETE
NAME	MAEHLMANN, VINCENT	
STREET ADDRESS	1 N. GOLFVIEW #205	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	JAY GREENE	
1.3 STREET ADDRESS	1 N GOLFVIEW #501	
1.4 CITY-ST-ZIP	LAKE WORTH, FL	
2.1 TITLE	TREASURER	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY	☐ Change ☒ Addition
3.2 NAME	DAVID PAILE	
3.3 STREET ADDRESS	1 N GOLFVIEW #200	
3.4 CITY-ST-ZIP	LAKE WORTH, FL	
4.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
4.2 NAME	JOHN WABSEN	
4.3 STREET ADDRESS	1 N GOLFVIEW #602/603	
4.4 CITY-ST-ZIP	LAKE WORTH, FL	
5.1 TITLE	DEPT KEEHR	☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS	1 N GOLFVIEW #300	
5.4 CITY-ST-ZIP	LAKE WORTH, FL	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	DAN FARIELLO	
6.3 STREET ADDRESS	1 N GOLFVIEW	
6.4 CITY-ST-ZIP	LAKE WORTH, FL	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrew J. Quinn* *3/25/98* *586 635*

CR2E037 (10/97)