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05-10-1999 90136 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 706669

1. Corporation Name
FLEUR-DE-LIS, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/31/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1003399 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RAUSCH, MARY
1411 INDIAN ROAD
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

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 Mary Rausch MARY RAUSCH CPA 5/1/99
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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, JAY		1.2 NAME	
STREET ADDRESS	1 N GOLFVIEW, #501		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	QUINN, ANDREW		2.2 NAME	
STREET ADDRESS	1 N GOLFVIEW ROAD #304		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PAILE, DAVID		3.2 NAME	
STREET ADDRESS	1 N GOLFVIEW, #200		3.3 STREET ADDRESS	
CITY-ST-ZIP	LK WORTH, FL 00000		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WADDEN, JOHN		4.2 NAME	
STREET ADDRESS	1 N GOLFVIEW, #602/603		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KEEHR, BERT		5.2 NAME	
STREET ADDRESS	1 N GOLFVIEW, #300		5.3 STREET ADDRESS	
CITY-ST-ZIP	LK WORTH FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FARIELLO, DAN		6.2 NAME	
STREET ADDRESS	1 N GOLFVIEW		6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		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 617, 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: Mary Rausch **SIGNATURE REQUIRED** 5/1/99 561 791-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)