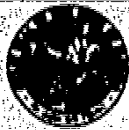


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **721724** (3)
1. Corporation Name
FRENCH QUARTER CONDOMINIUM PHASE I, INC.

Principal Place of Business Mailing Address
408 N.W. 70TH AVENUE PLANTATION FL 33317 **408 N.W. 70TH AVENUE PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1971** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1464058** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes 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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**DAVIS, LYNN E.
380 N.W. 69TH AVENUE APT.205
PLANTATION FL 33317**

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 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
TITLE PD
NAME LYNN, DAVIS
STREET ADDRESS 380 NW 69 AVE #205
CITY-ST-ZIP PLANTATION FL
TITLE VD
NAME SMITH, BARRY
STREET ADDRESS 404 NW 70TH AVE. #218
CITY-ST-ZIP PLANTATION FL
TITLE S
NAME PEAY, FAYE
STREET ADDRESS 360 NW 69TH AVE, 102
CITY-ST-ZIP PLANTATION FL
TITLE D
NAME GLEN, JOSEPH
STREET ADDRESS 400 NW 70 AVE #213
CITY-ST-ZIP PLANTATION FL
TITLE T
NAME TICKLES, KAREN
STREET ADDRESS 400 NW 70TH AVE #209
CITY-ST-ZIP PLANTATION FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME V^P Glen Joseph
2.3 STREET ADDRESS 400 NW 70th Ave. #213
2.4 CITY-ST-ZIP Plantation, FL 33317
3.1 TITLE Change Addition
3.2 NAME S^D kelley verda
3.3 STREET ADDRESS 404 NW 70th Ave. #117
3.4 CITY-ST-ZIP Plantation, FL 33317
4.1 TITLE Change Addition
4.2 NAME D Mills, Bob
4.3 STREET ADDRESS 400 NW 70th Ave. #210
4.4 CITY-ST-ZIP Plantation, FL 33317
5.1 TITLE Change Addition
5.2 NAME T^S smith, barry k
5.3 STREET ADDRESS 404 NW 70th Ave. #218
5.4 CITY-ST-ZIP Planattion, FL 33317
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(a), 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 as an attachment with an address.

SIGNATURE: *Lynn E. Davis* LYNN E. DAVIS 4-95 584-4043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #