


FILE NOW: FILING FEE IS \$61.25

FILED

**May 09 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721724 (3)

1. Corporation Name
FRENCH QUARTER CONDOMINIUM PHASE I, INC.



Principal Place of Business 408 N.W. 70TH AVENUE PLANTATION FL 33317	Mailing Address 408 N.W. 70TH AVENUE PLANTATION FL 33317-7550
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3. Date Incorporated or Qualified 09/17/1971	3a. Date of Last Report 04/29/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number 59-1464058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	85. Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNN, DAVIS 380 NW 69 AVE #205 PLANTATION FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLEN, JOSEPH 400 NW 70TH AVE. #213 PLANTATION FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLEY, VERDA 404 NW 70TH AVE. #117 PLANTATION FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, BOB 400 NW 70TH AVE. #210 PLANTATION FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, BARRY K 404 NW 70TH AVE. #218 PLANTATION FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDER, IRENE 380 NW 69TH AVEU #107 PLANTATION FL	<input checked="" type="checkbox"/> DELETE

18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KELLEY VERDA
3.3 STREET ADDRESS	404 N.W. 70TH AVE, #117
3.4 CITY-ST-ZIP	PLANTATION, FL 33317
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SMITH, BARRY K.
5.3 STREET ADDRESS	404 N.W. 70TH AVE, #218
5.4 CITY-ST-ZIP	PLANTATION, FL 33317
6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ELIZABETH SCOGGINS
6.3 STREET ADDRESS	404 N.W. 70TH AVE, #118
6.4 CITY-ST-ZIP	PLANTATION, FL 33317

14. I do 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 18 if changed, or on an attachment with an address.

SIGNATURE _____ PRESIDENT

CR2E037 (9/96)