

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 MAY -1 AM 9:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 742274 (4)
1. Corporation Name
LE CERCLE FRANCAIS, INC.

Principal Place of Business Mailing Address
**2860 S OCEAN BLVD #410
P.O. BOX 2554
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/03/1978** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1833546** 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. 199.032, 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 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRIS, JOHN N.
2860 S OCEAN BLVD #410
PALM BEACH FL 33480**

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

John N. Morris
Signature of registered agent and the if applicable

(NOTE: Registered Agent signature required when registering)

DATE

4/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MORRIS, LUCIE J.
STREET ADDRESS 2860 S OCEAN BLVD 410
CITY, ST, ZIP PALM BEACH FL
TITLE VPS
NAME BERTOT, TERESITA
STREET ADDRESS 222 WENONAH PLACE #1
CITY, ST, ZIP W PALM BEACH FL
TITLE VPT
NAME LIPKIN, CONSTANCE H.
STREET ADDRESS 6463 BRANDON ST.
CITY, ST, ZIP PALM BEACH GDNS. FL
TITLE D
NAME SIMON, FRANCK
STREET ADDRESS 1129 ROYAL P. B. BLVD.
CITY, ST, ZIP WEST PALM BEACH FL
TITLE D
NAME CHABERT, JEAN-CLAUDE
STREET ADDRESS 12897 LA ROCHELLE CIRCLE
CITY, ST, ZIP PALM BEACH GARDENS FL
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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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)(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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lucie J. Morris, President
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 588 75329
(407)
[Signature]