

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742274

(4)

1. Corporation Name

LE CERCLE FRANCAIS, INC.



Principal Place of Business

2860 S OCEAN BLVD #410
P.O. BOX 2554
PALM BEACH FL 33480

Mailing Address

2860 S OCEAN BLVD #410
P.O. BOX 2554
PALM BEACH FL 33480

3. Date Incorporated or Qualified
04/03/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 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

John N. Morris

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MORRIS, LUCIE J.
STREET ADDRESS 2860 S OCEAN BLVD 410
CITY - ST - ZIP PALM BEACH FL

TITLE ☐ DELETE

NAME VPS
STREET ADDRESS BERTOT, TERESITA
CITY - ST - ZIP 222 WENONAH PLACE #1
W PALM BEACH FL

TITLE ☐ DELETE

NAME VPT
STREET ADDRESS LIPKIN, CONSTANCE H.
CITY - ST - ZIP 6463 BRANDON ST.
PALM BEACH GDNS. FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS SIMON, FRANCK
CITY - ST - ZIP 1129 ROYAL P. B. BLVD.
WEST PALM BEACH FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS CHABERT, JEAN-CLAUDE
CITY - ST - ZIP 12897 LA ROCHELLE CIRCLE
PALM BEACH GARDENS FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS J. DAVID MARKHAM
CITY - ST - ZIP 458 SEA LAVENDER TERRACE
WEST PALM BEACH 33414

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

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucie J. Morris
LUCIE J. MORRIS President

4/23/96 588-5329 (407)
Date Daytime Phone #

CR2E037 (12/95)