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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742274** (4)

1. Corporation Name

LE CERCLE FRANCAIS, INC.



Principal Place of Business	Mailing Address
2880 S OCEAN BLVD #410 P.O. BOX 2554 PALM BEACH FL 33480	2880 S OCEAN BLVD #410 P.O. BOX 2554 PALM BEACH FL 33480

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	29 Country
25	30

3. Date Incorporated or Qualified	04/03/1978
4. FEI Number	59-1833546
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
MORRIS, JOHN N. 2880 S OCEAN BLVD #410 PALM BEACH FL 33480

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

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* 4/21/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	MORRIS, LUCIE J.
STREET ADDRESS	2880 S OCEAN BLVD 410
CITY-ST-ZIP	PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VPS BERTOT, TERESITA
STREET ADDRESS	222 WENONAH PLACE #1
CITY-ST-ZIP	W PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VPT LIPKIN, CONSTANCE H.
STREET ADDRESS	6483 BRANDON ST.
CITY-ST-ZIP	PALM BEACH GDNS. FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SIMON, FRANCK
STREET ADDRESS	1129 ROYAL P. B. BLVD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D J.DAVID MARKHAM
STREET ADDRESS	458 SEA LAVENDER TERRACE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D MURPHY, I. MARIA
4.3 STREET ADDRESS	1362 BREAKERS WEST BLVD
4.4 CITY-ST-ZIP	West PALM BEACH FL 33411
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D BARANYI, HELMUT
5.3 STREET ADDRESS	270 RIVERSIDE DRIVE
5.4 CITY-ST-ZIP	PALM BEACH GARDENS
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	FL 33410

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.

SIGNATURE: *Lucie J. Morris* 4/21/98 561) 588-5329

CR2E037 (10/97)