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03-05-1999 90048 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742274

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/03/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1833546

Applied For.

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

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

2/14/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

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

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

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

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

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

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

D
NAME MURPHY, MARIA
STREET ADDRESS 1362 BREAKERS WEST BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33411

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

D
NAME BARANYI, HELMUT
STREET ADDRESS 270 RIVERSIDE DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

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

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Lucie Morris* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/99 (561) 588-5329
Date Daytime Phone #

CR2E037 (11/98)