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Mar 26 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 # 743827 (8)
1. Corporation Name
CANADIAN-FRANCO-AMERICAN CLUB, ST. PETERSBURG, I NC.

Principal Place of Business 4265 19 AVE N ST. PETERSBURG FL 33713 US	Mailing Address 2701 34 ST N LOT 246 ST. PETERSBURG FL 33713 US
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3. Date Incorporated or Qualified 08/07/1978
4. FEI Number NOT APPLICABLE
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
**VAILLANCOURT, ROBIN A.
2530 WEST BAY DRIVE
LARGO, FL MH 34640**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	PROTEAU, GAETAN
STREET ADDRESS	770-32ND AVE, SOUTH #321
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BOILEAU, EUGENIE
STREET ADDRESS	17117 GULF BLVD, 627
CITY-ST-ZIP	N REDDINGTON BCH FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CAUCHY, MARGOT
STREET ADDRESS	38 TIFFIN WAY
CITY-ST-ZIP	LARGO ST
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HUOT, NICOLE
STREET ADDRESS	800-32ND AVE SOUTH LOT 212
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	DOUCET, AZARIAS
STREET ADDRESS	2701 34TH STR NO LOT 246
CITY-ST-ZIP	ST PETE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PROTEAU, THERESE
STREET ADDRESS	770 32ND AVE SO #412
CITY-ST-ZIP	ST PETE FL

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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jacques Vaillancourt
3.3 STREET ADDRESS	3100-26th Ave North Lot 22
3.4 CITY-ST-ZIP	St. Petersburg, Florida 33713
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Roméo Tournier
4.3 STREET ADDRESS	4050-4th St. North
4.4 CITY-ST-ZIP	St. Petersburg, Florida 33703
5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Aline Guay
5.3 STREET ADDRESS	12400-4519 North, Lot 421
5.4 CITY-ST-ZIP	St. Petersburg, Florida 33764
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jean-Marie Pineault
6.3 STREET ADDRESS	770-32nd Ave South Lot 119
6.4 CITY-ST-ZIP	St. Petersburg, Florida 33705

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: Aline Guay **ALINE GUAY** 03-19-98 (813) 531-5974

CR2E037 (1097)