

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -6 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **811022** (3)

1. Corporation Name  
**ORLEANS CHATEAU AND VILLAS INC.**

Principal Place of Business Mailing Address  
\* **KELLEY, HERMAN & MILLS, ESQS.**  
1401 E. BROWARD BLVD., SUITE 206  
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/11/1956** 3a. Date of Last Report **02/21/1994**

4. FEI Number **59-0790085** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 193.032, 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 Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**KELLEY, PATRICK G.**  
1401 E. BROWARD BLVD., SUITE 206  
FORT LAUDERDALE FL 33301

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 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

(Signature typed in printed space of reg. agent or officer if applicable)

(NOTE: Registered Agent signature required when resubstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDS
NAME	EGLI, MILDRED
STREET ADDRESS	2000 S OCEAN LANE
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	PDT
NAME	MCKEAN, CARMICHAEL
STREET ADDRESS	2000 S OCEAN LANE
CITY, ST, ZIP	FT LAUDERDALE, FL 00000
TITLE	TDVP
NAME	SENG, ROBERT
STREET ADDRESS	2000 S OCEAN LANE
CITY, ST, ZIP	FT LAUDERDALE, FL 00000
TITLE	SDP
NAME	HENNING, CURTIS
STREET ADDRESS	2000 S OCEAN LANE
CITY, ST, ZIP	FT LAUDERDALE, FL 00000
TITLE	
NAME	AMATURO, LAWRENCE
STREET ADDRESS	2000 S OCEAN LANE
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Robert Smith	
13 STREET ADDRESS	2000 S. Ocean Lane	
14 CITY, ST, ZIP	ft. Lauderdale, FL	
21 TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Edward Peter	
23 STREET ADDRESS	2000 S. Ocean Lane	
24 CITY, ST, ZIP	ft. Lauderdale, FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.03(3)(b), Florida Statutes. I further certify that the information and data on this annual report or supplemental annual report or biennial records report or 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 227, Florida Statutes, and that my name appears on back 12 or the front of the report as an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/11/95 305-524-6123