FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # J06005 HRIS FRENCH, INC.	(9)				######################################
Principal Place	e of Business	Mailing Address				
1102 COWART RD. SEVILLE FL 32190		P.O. BOX 159 SEVILLE FL 32190-0159				
			:		3. Date Incorporated or Qualified 03/25/1986	3a. Date of Last Report 08/08/1996
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2648179	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate of dialas besides	Fee Required
City & State	e e	City & State			6. Election Campaign Financing	\$5.00 May Be
23	Country	[28]	Count		Trust Fund Contribution	L. Added to Fees
Zip 24	25	7ip [29]	30	У	8. This corporation has liability for i	niangible lax under s. 199.032,
(4)	g. Name and Address of Current	and the state of t	1301		10. Name and Address of New Re	
EREN	ICH, WILLIAM		8	1 Name		T
	ART RD		8	1 Chrost Ac	ldress (P.O. Box Number is Not Acceptab	
PO BOX 159			: °	Z SHOOLAC	laress (F.O. Box Number is Not Acceptat	ne)
	LLE FL 32090		В	3		
			В	4 City		■■ 85 Zip Code
				City		FL 10 10 10 10 10 10 10 1
agent. I a SIGNATURE	m familiar with, and accept the obligation of th	itions of, Section 607.0505, Fl	lorida Statut 11 Regisjored A	ės.	orporation submits this statement for the preation's board of directors. I hereby acceptions when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS DITETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D French, William	בן טנגנונ	1)) TOLE			Change C Addition
NAME .	1172 COWART RD.		1 P NAM			
STREET ADDRESS	SEVILLE FL 32190		1 JA CITY	ET ADDRESS		
CITY-ST-ZIP TITLE			2.11016			Change Addition
NAME	FRENCH, CHRISANDRA		2,2 NAM		نه و ا	
STREET ADDRESS	1172 COWART RD.			ET ADDRESS		
CITY-ST-ZIP	SEVILLE FL 32190			-S1-7IP		
TITLE			3,1100			Change Addition
NAME			3,2 NAM	l l		ļ
STREET ADDRESS			3,3 \$1RF	EL ADDRESS		
CITY-ST-ZIP			3,4. CI11	-\$1-7IP		
TITLE	■ :		4,11000			Change Addition
NAME			4, 2 NAN	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- \$1 - ZIP		Change Addition
TITLE		רי) מנגנונ	5,1 THE			F1 counts F1 woulded
NAME OTRECT ADDOCCO	431 100		5 2 NAM	ET ADDRESS		
STREET ADDRESS	[3 to 2			- \$1 - 7 IP		
CITY-ST-ZIP TITLE	V 157 - C 1	DELLTE	6,1 Titt			Change Addition
NAME	130 100 100 C		62 NAM			
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP				- S1 - 71P		

14. I do 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

11/1/ - 430

CR2E034 (9/96)

May 16 1997 8:00am

Secretary of State