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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01724					
1. Corporation Name CLUB RICHELIEU LES COPINES, INC.					
Principal Place of Business 2116 N. 14TH TERRACE HOLLYWOOD FL 33020			Mailing Address 210 SE 7TH STR. DANIA FL 33004		



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/29/1984	
				4. FEI Number 65-0060938	
				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	

9. Name and Address of Current Registered Agent LEFEBVRE, DENISE 210 SE 7TH STREET DANIA FL 33004				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	NAME	LEFEBVRE, DENISE	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	210 SE 7TH STREET	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	DANIA FL 33004				
TITLE	D	NAME	DEMONTIENY, JEANINE	2.1 TITLE		2.2 NAME	
STREET ADDRESS		STREET ADDRESS	2601 SW 48TH TER	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	PEMBROKE PARK FL				
TITLE	D	NAME	SOUCY, JEANNINE	3.1 TITLE		3.2 NAME	
STREET ADDRESS		STREET ADDRESS	5121 SW 26TH CT	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	PEMBROKE PARK FL				
TITLE	D	NAME	SENECAL, MICHELE	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	375 SW 14TH ST. #19	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	DANIA FL 33004				
TITLE	V	NAME	MASSON, JANINE	5.1 TITLE		5.2 NAME	
STREET ADDRESS		STREET ADDRESS	1446 HAYES	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	D	NAME	BERNARD, RINA	6.1 TITLE		6.2 NAME	
STREET ADDRESS		STREET ADDRESS	1822 WILSON	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	HOLLYWOOD FL				

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: *Denise Lefebvre* SIGNATURE REQUIRED DENISE LEFEBVRE 954-912-7026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)