SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

APPAOVED AND FILED

97 SEP -5 AM 8: 17

SECRETARY OF STATE

Sandra B. Mortham

Secretary of State **
DIVISION OF CORPORATIONS

DOCUMENT # N9400005204 (2)

1. Corporation Name				TALLAHASSEE, FLORIDA
I A PAI	LOMA SOCIAL CLUB, INC.			
EA TH	ESHIN GOODE GESSI IIIO			A FRANKIN DIG INKO MANI ARKII ARKII ARKII ARKII ARKII ARKII ARKII AKII A
Principal Place of Business Mailing Address				L CADICION BID 16111 DIOLI DOVIN TOVIN DOVIN BOLLI DEIDI DICIO LIGIZ EDILI DIGIZ
9200 MILITARY	TRAN	8200 MILITARY TRAIL		
#119 #19				DO NOT WRITE IN THIS SPACE
BONTON BEACH FL 33436 BONTON BEACH FL 33436			3	3. Date Incorporated or Qualified 3a. Date of Last Report
US		US		10/18/1994 03/29/1996
2. Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For
21		26		65-0565528 Not Applicable
Suite, Apt. #, etc. Sui		Suile, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 27				Fee Required
City & Stat	e	City & State	•	Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	9. Name and Address of Currer	129 Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	5. Hallio Billo Macross of Carrel	II Hohistolen Wholir	81 Name	
HADDIO	Olamb			JACQUES FIVET
			Address (P.O. Box Number is Not Acceptable)	
. 10 CENTRAL PKWY SUITE 240				
	· · =		Bo	UNTON BIEACH
*SIUANI	FL 34994		84 City	FL 85 Zip Code 3.3.4.36
11. Pursuant	to the provisions of Sections 67,050	2 and 617.1508. Florida Statut	tes, the above-named	corporation submits this statement for the purpose of changing its registered
office or i	registered agent or both in he State	of Florida. Such change was	authorized by the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
V	and ranning with, and secent the oblig	alloris of, Section of Assault	utiga sia tules.	08.01.97
SIGNATURE	Signature, typed or printed nary diof registeral language	ent and little if applicable. (NOT	E Registered Agent signature	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VARY, MADELEINE		1.2 NAME	
STREET ADDRESS	9200 MILITARY TRAIL 57		1.3 STREET ADDRESS	•
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY - ST - ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	800002289 日報
NAME	LE FRANCOIS, GERARD		2.2 NAME	******61.25 *****61.25
STREET ADDRESS	9200 MILITARY TRAIL, 103		2.3 STREET ADDRESS	**************************************
CITY-ST-ZIP	BOYNTON BEACH FL	DELETE	2.4 CITY-ST-ZIP	SD Change Addition
TITLE	SD CHIEF IACOUEO	NO DECEMB		-
NAME	FINET, JACQUES		3.2 NAME	PARENT, LUCIEN 9200 MILITARY TRAIL # 048
STREET ADDRESS	9200 MILITARY TRAIL 175		3.3 STREET ADDRESS	BOYNTON BEACH, Fl. 33436
CITY-ST-ZIP	BOYNTON BEACH FL	DELETE	3.4. CITY-ST-ZIP	N X Change Addition
TITLE NAME	D ONCE CICKLE	Ka herrig	4.1 TITLE 4.2 NAME	TO SMALL D'ELLARTE
, STREET ADDRESS	GAGNE, GISELE 9200 MILITARY TRAIL 137		4.3 STREET ADDRESS	ASA MILITORY TOAIL # 188
, STREET ADDRESS	BOYNTON FL		4.4 City-ST-ZiP	TREMBLAY, PIELRETTE 9200 MILITARY TRAIL #138 BOYNTON BEACH FL. 33436
TITLE	D D	☐ DELETE	6.1 TITLE	73040 /80 1312 /0 Change
NAME	FOURNIER, CORINNE		5.2 NAME	
STREET ADDRESS	9200 MILITARY TRAIL 189		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-ST-ZIP	
TITLE	DTR.	DELETE	6.1 TITLE	TR Change Addition
NAME	BEAUDOIN, MADELEINE		6.2 NAME	1) allan
STREET ADDRESS	9200 MILITARY TRAIL 162		6.3 STREET ADDRESS	0.011.102
CITY-ST-ZIP	BOYNTON BEACH FL		6.4 CITY-ST-ZIP	1/7/71

14. Ido hereby certify that the information supplied with this filling 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.