

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000021754 (5)**
1. Corporation Name
107-B 73RD AVE. CLUB, INC.

Principal Place of Business Mailing Address
**107-B 73RD AVE.
HOLMES BCH. FL 34218** **1120 BERNARD APT. 22
SUTREMONT CA 92113**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/19/1993	04/29/1994
State Apt # etc		State Apt # etc		4. FEI Number	Applied For
22		27		NOT APPLICABLE	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		6. Election Campaign Financing Trust Fund Contribution	
25		30		<input type="checkbox"/>	
26		31		7. This corporation has liability for franchise tax under its 1994 state Florida Statutes	
27		32		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANGLOIS, LUCILE 107-B 73RD AVE HOLMES BEACH FL 34218				01 Name			
				02 Street Address (P O Box Number is Not Acceptable)			
				03			
				04 City			
				05 Zip Code			
				FL			

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 607.0502, Florida Statutes.

SIGNATURE _____ DATE _____
Signature must be printed name of registered agent and the legal name of the corporation. Registered Agent signature required when making change.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BROSSARD, ANNE LEMOYNE	12 NAME					
STREET ADDRESS	107-B 73RD AVE	13 STREET ADDRESS					
CITY, ST, ZIP	HOLMES BEACH FL 34218	14 CITY, ST, ZIP					
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LANGEVIN, ROBERT P	22 NAME					
STREET ADDRESS	107-B 73RD AVE	23 STREET ADDRESS					
CITY, ST, ZIP	HOLMES BEACH FL 34218	24 CITY, ST, ZIP					
TITLE	DS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DANSEREAU, MIREILLE	32 NAME					
STREET ADDRESS	107-B 73RD AVE	33 STREET ADDRESS					
CITY, ST, ZIP	HOLMES BEACH FL 34218	34 CITY, ST, ZIP					
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY, ST, ZIP		44 CITY, ST, ZIP					
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY, ST, ZIP		54 CITY, ST, ZIP					
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY, ST, ZIP		64 CITY, ST, ZIP					

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information appearing 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: **ROBERT LANGEVIN**
PRINT NAME AND TITLE OF PERSON IN CARE OF SIGNING OFFICER OR DIRECTOR
 23-06-95
 514-7310109