

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044656 (5)

1. Corporation Name

VILLAGE FRENCH QUARTER, INC.



Principal Place of Business

7101 W. MCNAB RD.
SUITE 103
TAMARAC FL 33321

Mailing Address

7101 W. MCNAB RD.
SUITE 103
TAMARAC FL 33321

3. Date Incorporated or Qualified
06/23/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 10771 NW 5th Place
Suite, Apt. #, etc.

26 P.O. Box 720610
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Coral Springs, FL
Zip Country

28 Coral Springs, FL
Zip Country

24 33071 25 USA

29 33071 30 USA

9. Name and Address of Current Registered Agent

BUTLER, BRUCE S.
7101 W. MCNAB ROAD, SUITE 103
TAMARAC FL 33321

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 10771 NW 5th Place

84 City

Coral Springs

FL

85 Zip Code

33071

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 or printed name of registered agent and office if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME BUTLER, BRUCE S.
STREET ADDRESS 7101 W. MCNAB RD., SUITE 103
CITY-ST-ZIP TAMARAC FL 33321 ☐ DELETE

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11848 NW 9th St.
1.4 CITY-ST-ZIP Coral Springs, FL 33071 ☐ Change ☐ Addition

TITLE V
NAME USTUN, ATAC
STREET ADDRESS 140 NW 16 ST.
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME HOLT, C. ROBERT
STREET ADDRESS %BUTLER, 7101 W. MCNAB RD.
CITY-ST-ZIP TAMARAC FL 33321 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

716-1900

Daytime Phone #

CR2E034 (12/95)