

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000069809 (0)

1. Corporation Name

FRANCOIS CLARY'S, INC.



Principal Place of Business

5640 N. FEDERAL HWY.
FT LAUDERDALE FL 33308

Mailing Address

2455 E. SUNRISE BLVD.
SUITE 320
FT. LAUDERDALE FL 33304

3. Date Incorporated or Qualified
10/07/1993

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

721 SE 17 STREET

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

33316

30

1

4. FEI Number

65-0445295

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGLIS, RICHARD K ESO
2455 E SUNRISE BLVD
SUITE 320
FT LAUDERDALE FL 33304

81

Name

PATRICK VIVIES

82

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

721 SE 17 STREET

83

84

City

FT LAUDERDALE

FL

85

Zip Code

33316

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 199.032, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

PATRICK VIVIES

4/25/96

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

9. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. 1. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. 1. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. 1. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. 1. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. 1. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

7. 1. TITLE

72. NAME

73. STREET ADDRESS

74. CITY - ST - ZIP

8. 1. TITLE

82. NAME

83. STREET ADDRESS

84. CITY - ST - ZIP

9. 1. TITLE

92. NAME

93. STREET ADDRESS

94. 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 or changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

491-4247

Daytime Phone #

CR2E034 (12/95)