

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P95000051248 (9)**

1. Corporation Name

**LADY FRANCE SAINT-CLOUD CORPORATION**



Principal Place of Business

Mailing Address

1122 10TH STREET  
SAINT-CLOUD FL 34769

1122 10TH STREET  
SAINT-CLOUD FL 34769

2. Principal Place of Business

2a. Mailing Address

21 1219 jersey street  
22 State Apt. #, etc 204  
23 City & State ST CLOUD  
24 Zip FL 25 34769

26 PO Box 901306  
27 State Apt. #, etc.  
28 City & State ST CLOUD  
29 Zip FL 30 34770

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

4. FEI Number

593322885

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

10. Name and Address of New Registered Agent

PEYRON, FRANCOISE A  
1122 10TH STREET  
SAINT-CLOUD FL 34769

81 Name

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

83 4714 KILT COURT

84 City ST CLOUD

FL

85 Zip Code 34769

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 officer 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 Françoise A PEYRON

1/20/96

12. OFFICERS AND DIRECTORS	
TITLE	SECRETARY - DIRECTOR <input type="checkbox"/> DELETE
NAME	PEYRON André
STREET ADDRESS	4714 KILT COURT
CITY-STATE-ZIP	ST CLOUD FL 34769
TITLE	TREASURY DIRECTOR <input type="checkbox"/> DELETE
NAME	PEYRON GILBERT
STREET ADDRESS	4714 KILT COURT
CITY-STATE-ZIP	ST CLOUD FL 34769
TITLE	PRESIDENT DIRECTOR <input type="checkbox"/> DELETE
NAME	PEYRON FRANCOISE
STREET ADDRESS	4714 KILT COURT
CITY-STATE-ZIP	ST CLOUD FL 34769
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: Françoise Peyron  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (407) 8911757  
DATE DAY MONTH YEAR

CR2E034 (12/95)