
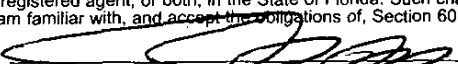


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90205 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000065042			
1. Corporation Name THE FRENCH HOUSE GROUP, INC.			
Principal Place of Business 2550 N FEDERAL HWY FT LAUDERDALE FL 33305		Mailing Address 2550 N FEDERAL HWY FT LAUDERDALE FL 33305	
2. Principal Place of Business 21 2881 NE 32 ST Suite, Apt. #, etc. 22 115 City & State 23 FT LAUDERDALE FL Zip 24 33306		2a. Mailing Address 26 2881 NE 32 ST Suite, Apt. #, etc. 27 115 City & State 28 FT LAUDERDALE FL Zip 29 33306	
3. Date Incorporated or Qualified 07/25/1997			
4. FEI Number 65-0774523			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent COUCHOT, ALAIN 2550 N FEDERAL HWY FT LAUDERDALE FL 33305		10. Name and Address of New Registered Agent 81 Name PATRICK VIVIES 82 Street Address (P.O. Box Number is Not Acceptable) 700 E DAMA BEACH BLVD 83 SUITE 202 84 City DANIA FL 85 Zip Code 33004	
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  DATE 4/26/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME COUCHOT, ALAIN STREET ADDRESS 2550 N FEDERAL HWY CITY-ST-ZIP FT LAUDERDALE FL 33305		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D NAME BRUSSAT, ALEXIS STREET ADDRESS 2550 N FEDERAL HWY CITY-ST-ZIP FT LAUDERDALE FL 33305		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99

Date

Daytime Phone #

CR2E034 (11/98)