

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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98 DEC 21 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080967
1. Corporation Name

French Man, Inc

Principal Place of Business 2930 SW 30th AV Hallandale, FL 33009	Mailing Address 2930 SW 30th AV Hallandale FL 33009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2930 SW 30th AV Suite, Apt. #, etc. 22 City & State 23 Hallandale FL Zip 24 33009		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 9/13/97		4. FEI Number 65-0783330 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

Amer. Lawyer Chartered
343 ALMERIA AVENUE
Coral Gables, FL 33134
USA

10. Name and Address of New Registered Agent

81 Name	PATRICK MOYAL
82 Street Address (P.O. Box Number is Not Acceptable)	82 N. University drive
83	
84 City	Pembroke Pines FL
85 Zip Code	33024

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 12/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	11 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	12 NAME	12 NAME	
STREET ADDRESS	13 STREET ADDRESS	13 STREET ADDRESS	
CITY-ST-ZIP	14 CITY-ST-ZIP	14 CITY-ST-ZIP	
TITLE	21 TITLE	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY-ST-ZIP	24 CITY-ST-ZIP	24 CITY-ST-ZIP	
TITLE	31 TITLE	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP	34 CITY-ST-ZIP	34 CITY-ST-ZIP	
TITLE	41 TITLE	41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP	
TITLE	51 TITLE	51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	
TITLE	61 TITLE	61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP	64 CITY-ST-ZIP	64 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.

SIGNATURE:  DATE 12/14/98 954-455-8575
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOYAL & ASSOCIATES, INC

**82 N. UNIVERSITY DRIVE
PEMBROKE PINES, FLORIDA 33024**

Monday, December 14, 1998

SECRETARY OF STATE
DIVISION OF CORPORATIONS

RE: ANNUAL REPORT FOR FRENCH MAN, INC
DOC# P97000080907

Dear Sir or Madam:

ENCLOSED IS THE ANNUAL FEE FOR FRENCH MAN, INC OF \$ 150.00 FOR 1998. MR CHARLES AMSE IS A FRENCH BUSINESSMAN WHO INCORPORATED IN SEPT 1997 THROUGH AMERILAWYER. HE DID NOT RECEIVE HIS MAIL AND WAS NOT AWARE OF THE REQUIREMENTS FOR THE FILING OF THE ABOVE REPORT. HE IS REQUESTING YOU HELP IN WAIVING THE PENALTIES AND CHANGING THE MAILING ADDRESS TO HIS CURRENT ADDRESS TO AVOID ANY FUTHER DELAYS. HE NOW KNOWS AND HE WILL MAKE SURE THAT HIS FILE TIMELY THE REPORT FROM NOW ON

WE THANK YOU IN ADVANCE FOR YOUR HELP IN THIS MATTER

Sincerely,



PATRICK R. MOYAL
ACCOUNTANT FOR FRENCH MAN, INC

x 
CHARLES AMSE
PRESIDENT

TEL: 954-430-3930
FAX: 954-430-3939
EMAIL:PMOYAL@MSN.COM