

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # V70019

(7)

FRENCH QUARTER AT BOCA GRANDE, FLORIDA, INC.

May 1 AM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Manufacturing

PO BOX 551
BOCA GRANDE FL 33921
US

PO BOX 551
BOCA GRANDE FL 33921
US

DO NOT WRITE IN THIS SPACE

3. Date by which last quarterly report was filed
10/09/1992

3a. Date of Last Report
04/19/1994

2. First day of the fiscal year	2b. Month & Year
21	2b. Month & Year
22	2b. Month & Year
23	2b. Month & Year
24	2b. Month & Year
25	2b. Month & Year
26	2b. Month & Year
27	2b. Month & Year
28	2b. Month & Year
29	2b. Month & Year
30	2b. Month & Year

4. EIN Number
65-0366588

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

7. This corporation has had no late fees under § 199.001
for 12 months. Yes No

9. Name and Address of Current Registered Agent

THOMSON, ROBERT B.
7570 EBRO RD.
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Last Ascipulation)
83.	
84. City	FL 85. Zip Code

11. I, the undersigned, do hereby certify that I am the registered agent for the corporation named above and that I have read the Florida Statute, Florida Revised Statutes, Chapter 199, Filing of Annual Reports, and that I have read the corporation's bylaws, articles of incorporation, and that I have read the corporation's board of directors' resolution accepting the appointment as registered agent. I am the sole officer of the corporation and am fully qualified to file this document.

SIGNATURE

12. OFFICERS, DIRECTORS, AND TRUSTEES

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P	1. NAME THOMSON, ROBERT B 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	2. NAME SALVESEN, NICOLE D. 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM	3. NAME NANCY L. ALEXANDER 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIR	4. NAME DIRECTOR & SECRETARY 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REC	5. NAME RECEIVER 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TRU	6. NAME TRUSTEE 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADM	7. NAME ADMINISTRATOR 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHI	8. NAME CHIEF FINANCIAL OFFICER 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FIN	9. NAME FINANCIAL DIRECTOR 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRC	10. NAME PRINCIPAL REGISTERED CERTIFIED PUBLIC ACCOUNTANT 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REC	11. NAME RECEIVER 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TRU	12. NAME TRUSTEE 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADM	13. NAME ADMINISTRATOR 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHI	14. NAME CHIEF FINANCIAL OFFICER 7570 EBRO RD. ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in section 119.07(6)(b) Florida Statutes. I further certify that the individuals indicated on the annual report of supplemental annual report are dead or deceased and that my signature shall bear the same legal effect and mode of service as if my signature were in black ink or blue ink. I am the officer or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my signature appears in Block 12 or Block 13 of this form and is accompanied with an address.

SIGNATURE:

Nicole Salvesen VP 4-27-95 813 764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

048114

0657