

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

0319807

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
FEB 17 2:11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 642796

1. Corporation Name
TEMPLETON INVESTMENT COUNSEL, INC.

Principal Place of Business
**500 E. BROWARD BLVD.
BROWARD FINANCIAL CENTRE #2100
FT. LAUDERDALE FL 33394-3091**

Mailing Address
**500 E BROWARD BLVD
ATTN: LEGAL DEPT. SUITE 2100
FT. LAUDERDALE FL 33394-091
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1979

4. FEI Number
59-1961621

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 owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature is printed on this filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES E.	12 NAME	
STREET ADDRESS	500 EAST BROWARD BLVD	13 STREET ADDRESS	800002784918 - 3
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	02/23/99 - 01078--023
TITLE	DV	21 TITLE	****158.75 ****158.75
NAME	FLANAGAN, MARTIN L.	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	500 EAST BROWARD BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, DONALD F	32 NAME	
STREET ADDRESS	500 EAST BROWARD BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOBLOCK, ELIZABETH M.	42 NAME	
STREET ADDRESS	500 EAST BROWARD BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWAN, GREGORY	52 NAME	
STREET ADDRESS	500 EAST BROWARD BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTYL, GARY P	62 NAME	
STREET ADDRESS	500 EAST BROWARD BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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, with all other like empowered

SIGNATURE: Donald F. Reed Donald F. Reed, Pres. & Director 1/29/99 954-527-7500
Signature and typed or printed name of signing officer or director Date District Phone #

CR2E034 (1/98)