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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 826356

THE FRANKLIN MINT CORPORATION I

FILED May 15 1997 8:00am Secretary of State

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Principal Place of Business CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801		Mailing Address CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 19801-1120		3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1996	
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number 23-1721100	Applied For Not Applicable
Suite, Apt	#, e tc.	Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired	\$9.75 Additional
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intany Florida Statutes Yet 10. Name and Address of New Registe	s 🗶 No
120 PLA	CORPORATION SYSTEM 10 S. PINE ISLAND ROAD INTATION FL 33324 10 the provisions of Sections 607.1 registered agent, or both, in the St	0502 and 607.1508, Florida Statut ate of Florida Such change was a	83 84 City	ress (P.O. Box Number is Not Acceptable) poration submits this statement for the purportion's board of directors. I hereby accept the	FL 85 Zip Code use of changing its registered appointment as registered
SIGNATURE 12. THE NAME STREEL ADDRESS	Separation typica or proved name of registered		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ATE
COLY - ST - ZIP TOUL NAME STREET ADDRESS COLY - ST - ZIP	VAS DENNY, C. M. 1209 ORANGE STREET WILMINGTON DE	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
THE NAME STREET ADDRESS CITY-ST-7/P	SVD LUTTHANS, KIM E. 1209 ORANGE ST. WILMINGTON DE	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TIPLE NAME STREET ADDRESS CHY- ST- 289	DP FERRUCCI, M.A. 1209 ORANGE ST. WILMINGTON DE	[_] DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS OHY: ST-ZIP	VAS WILLIAMS, M.L. 1209 ORANGE ST. WILMINGTON DE	[_] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TRUE NAME STREET ACORESS CHY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition
14. I do here information	on indicated on this annual report	or supplemental annual report is to n or the receiver or trustee empow	fy for the exemption state true and accurate and the vered to execute this repo	d in Section 119.07(3)(i), Florida Statutes. I fi t my signature shall have the same legal effort as required by Chapter 607, Florida Statul	ect as if made under oath; that

/// U OLUMAZHIRED PRESIDENT 4/24/97 (302)658-7581