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

PROFIT CORPORATION ANNUAL REPORT

1999

FRANKLIN OF MIAMI, INC.

Principal Place of Business

2310 NW 102ND PLACE

PARK RIDGE IL 60068



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001719

1. Corporation Name

Mailing Address

PARK RIDGE IL 60068

417 N. DEE RD

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90297 022 ***150.00

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DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 04/03/1997	-		
0.0:-1-10	L. T. C. D. L.	2a. Mailing Address			4. FEI Number	TAN	olied For	
Z. Principal Pi	lace of Business	<u> </u>		36-3669707	<u> </u>	Applicable		
21	#	Suite, Apt. #, etc.				8.75 A		
Suite, Apt.		27			5. Certificate of Status Desired			
City & Stat	åml, EL	City & State 28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
24 331	72 [25]	Zip Country 29 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	nt		
			Name ,	lame				
BEINER & NUSSBAUM, P.A.			Street A	eet Address (P.O. Box Number is Not Acceptable)				
NATIONS BANK BUILDING			Street Address (P.O. Box Number is Not Acceptable)					
2000 GLADES RD., STE 110			83	83				
BOC	A RATON FL 33431-8504					= Zin C	`ada	
			84	City	·· FL °	5 Zip C	,cde	
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 Signature, typed-ordified named attentistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO		
TITLE	PCD	☐ DELETE	1.1 TITLE		>	Change	Addition	
NAME	BENSON, ALBERT		1.2 NAME		BENZION, ALBERT		1	
STREET ADDRESS	417 N DEE RD		1.3 STREET ADDRESS		,			
CITY-ST-ZIP	PARK RIDGE IL]	1.4 CITY-ST-ZIP					
TITLE	VSD	DELETE 21TTLE] Change	☐ Addition	
NAME	GONKA, RONALD						-	
STREET ADDRESS	417 N DEE RD	·		TADDRESS			ł	
CITY-ST-ZIP	PARK RIDGE IL	• • • • • • • • • • • • • • • • • • • •		ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE] Change	☐ Addition	
NAME			3.2 NAME	j			}	
STREET ADORESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE] Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS	,		4.3 STREET	T ADDRESS			ļ	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE] Change	☐ Addition	
NAME			5.2 NAME	Ì				
STREET ADORESS			5.3 STREET	TADDRESS				
CITY-ST-ZIP	1		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	61 TITLE] Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	T ADORESS				
	1		C + CITY C	T 710				

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: X SIGNATURE AND TYPED OR PRETED MANE OF SIGNING OFFICER OR DIRECTOR MEQUIRED 305 470-8530

CR2E034 (11/98)

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