Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90216 006 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT# G68696

1. Corporation Name

FRANZESE & ASSOCIATES OF FLORIDA, INC.

, , , , , , , , , , , , , , , , , , , ,	de a roodomited of teo					•		
Principal Place of Business Mailing Address								יוספר אופים ווסום אוסום ואסנם אוסום ואום קווסו סוגום פאום וסוון פוסם אונוספג ו
1150 S SEMORAN BLVD P O BOX 720579								
SUTIE A ORLANDO FL 32872-0579								
ORLANDO FL 32807-1457 US								DO NOT WRITE IN THIS SPACE
US								3. Date Incorporated or Qualifed
								11/09/1983
2. Principal Pl	lace of Business	2a.	. Mailing Address					4. FEI Number Applied For
21			26					59-2339068 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional
22			27					Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip	Zip Country		<b>-</b> ,			untry		8. This corporation owes the current year Intangible
24	25	29		30	—			Personal Property Tax. Yes No
	9. Name and Address of Current	Regis	itered Agent		81	Name		10. Name and Address of New Registered Agent
WO I	ICHICK EDWADD I				<b> "</b>	Mame	3	
WOJCHICK, EDWARD J 1150 S SEMORAN BLVD					82 Street Addr			ess (P.O. Box Number is Not Acceptable)
SUITE A ORLANDO FL 32807								
UHL	ANDU FL 3280/				84	City		85 Zip Code
								FL
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			7	Di-t				d when reinstating) DATE
	Signature, typed or printed name of registered agen OFFICERS AN		<del></del>	13.	Agen	t signature	e required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DINL	DELETE	1,1 Ti	TIF		7	Change Addition
	WOJCHICK, EDWARD J			1.2 N			,	
NAME	1150 S SEMORAN BLVD SUITE					ADDRES	[	
STREET ADDRESS				1			°	
CITY-ST-ZIP	ORLANDO FL 32807		□ OELETE.	2.1 TI	TY-SI	1-ZIP		Change Addition
TITLE	•		- October 6	- 6				
NAME	WOJCHICK, MARK			2.2 N			_	
STREET ADDRESS	1150 S SEMORAN BLVD SUITE	: А	<u></u>			ADDRES	s l	and the second s
CITY-ST-ZIP	ORLANDO FL 32807	·			:ΠY-\$	T-ZIP	+	Change Addition
TITLE	STEE C C	٠	☐ DELETE	3.1 7			1	
NAME	SHANNON, PATRICIA			3.2 N			_	
STREET ADDRESS	1150 S SEMORAN BLVD SUITE	A				ADDRES	S	
CITY-ST-ZIP	ORLANDO FL		□ percie	_	ITY-S	T-ZIP	+	☐ Change ☐ Addition
TITLE	l wo lor now or there		☐ DELETE	4.1 ™				
NAME	WOJCHICK, SHERRILL				IAME		1	
STREET ADDRESS	1150 S. SEMORAN BLVD., STE	A				ADDRES	S	
CITY-ST-ZIP	ORLANDO FL 32807				ITY-SI	r-ZIP	<del> </del>	☐ Change ☐ Addition
TITLE			☐ DELETE	5.1 Ti				☐ Change ☐ Addition
NAME }	•			5.2 N				
STREET ADDRESS						ADDRES	•	
CITY-ST-ZIP			·		TY-\$1	1-ZIP	4—	☐ Change ☐ Addition
TITLE	ا محمد المحمد		☐ DELETE	6.1 TI			1	· Change L'Adoldon
***	Mari Ma			6.2 N			_	
STREET ADDRESS						ADDRES	8	
CITY-ST-ZIP				6.4 C	fTY-S1	r-ZIP	l	

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 trusted 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 affactiment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

JIR EDWARD

04-21-99

407-823-8330

Daytime Phone #