

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED

**Sep 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H91181 (8)

1. Corporation Name
TEMPLETON FUNDS TRUST COMPANY



Principal Place of Business 700 CENTRAL AVENUE ST. PETERSBURG FL 33701-3628	Mailing Address 700 CENTRAL AVENUE ST. PETERSBURG FL 33701-3628
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/20/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2606922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, ROBERT W III
700 CENTRAL AVENUE
ST. PETERSBURG FL 33701-3628**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, GORDON W.	
STREET ADDRESS	1106 CULBREATH ISLES DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEACH, RICHARD A.	
STREET ADDRESS	6487 29TH AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADCOCK, LOUIE N., JR.	
STREET ADDRESS	280 RAFAEL BLVD., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	MISTELE, THOMAS M. (GC)	
STREET ADDRESS	700 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BAJO, JAMES R.	
STREET ADDRESS	500 EAST BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD Hitchcock, John G. Jr.
4.3 STREET ADDRESS	1800 Hateway Drive
4.4 CITY-ST-ZIP	San Mateo, CA 94043
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V Baio, James R.
5.3 STREET ADDRESS	500 East Broward Blvd.
5.4 CITY-ST-ZIP	Ft. Fauderdale, FL 33394
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S Reymann, T. Gregory, II
6.3 STREET ADDRESS	901 Mariners Island Blvd.
6.4 CITY-ST-ZIP	San Mateo, CA 94403

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(5)(a), 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.

SIGNATURE: _____

CR2E034 (4/97)