## 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 # P98000014227

1. Corporation Name

FRANCO & FRANCO, P.A.

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90044 037 \*\*\*150.00



			_				[
Principal Place	e of Business	Mailing Address	_	•		10, 110, 1 0,0,0	
2780 N RIVERSIDE DR #601 2780 N RIVERSIDE DR #601							
TAMPA FL 33602 TAMPA FL 33602					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	113 SPACE	
					02/12/1998		
2. Principal Place of Business 2a. Mailing Address					4 FEI Number	Ar	oplied For
21 3117 W. Columbus Dr. 26 3117 W. Color				ousdr.	59-3495229		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 / Feè Re	
City & State  City & State					-6. Election Campaign Financing  Trust Fund Contribution	•	-Mäy Be
Zip Country Zip Cour					8. This corporation owes the current year	Intangible	
24 334	107 25 USA	29 33407 30	J 0	sA	Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Register	ad Agent	
CDAI	NCO CURICTINE		81	Name			
FRANCO, CHRISTINE 2780 N RIVERSIDE DR #601			82	Street Addre	ess (P.Q. Box Number is Not Acceptable)		
TAMPA FL 33602					N. COlumbus by	<u> 308</u>	
<b>                                   </b>			83		<u> </u>		
1			84	CityTOL	ma F	L 85 Zip 9	Side 7
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named corpo	pration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorized by	tne corporation	n's board of directors. I hereby accept the ap	Jointment as re	gister <del>o</del> u
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Age	nt signature required			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change	ORS IN 12
TITLE	D CHRISTINE	☐ DELETE	1.1 TITLE			Contange	
NAME	FRANCO, CHRISTINE		1.2 NAME				l
STREET ADDRESS	2780 N RIVERSIDE DR #601			T ADDRESS	,		ľ
CITY-ST-ZIP	TAMPA FL 33602	☐ DELETE	1.4 CITY-S 2.1 TITLE	51-ZP		Change	☐ Addition
TITLE	FRANCO, MANUEL	□ occeite	2.2 NAME			ر ک	_
NAME	2780 N RIVERSIDE DR #601			TADDRESS			
STREET ADDRESS	TAMPA FL 33602		2.4 CITY-	ì			j
CITY-ST-ZIP	7AM A 1 2 00002	DELETE	31 TITLE	, 51-51r	· · ·	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREE	TADORESS			
CITY-ST-ZIP			4.4 C/TY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		,	Change	Addition
NAME			5.2 NAME		,		ļ
STREET ADDRESS				TADORESS	•		
CITY-ST-ZIP			5.4 CITY-S	IT-ZIP			[T] Addition
TITLE		☐ DELETÉ	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	Y ADODGEO	,		
STREET ADDRESS				Y ADDRESS	,	•	
CITY OT 7ID			6.4 C/TY-S	11-4P			1

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:**