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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998 Secretary of State  Secretary of State  Division of Corporations	tary of State
DOCUMENT # S03731 (4)	
THE FRANKLIN PRESS, INC.	
LIBERTANA AH BODER HILLI MERKE HILLI	<u> </u>
Principal Place of Business Mailing Address	
928 SW 10TH STREET PO BOX 013579 P.O. BOX 013579 P.O. BOX 013579	
MIAMI FL 33130	TE IN THIS SPACE
US US 3. Date Incorporated or Qualifie 10/02/1990	u
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-0219339	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.  5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Flection Campaign Financing	
23 Trust Fund Contribution  Zip Country Zip Country 8. This corporation owes or has	Added to Fees
24 Country 24p Country 8. This corporation owes or has Personal Property Tax due Ju	
9. Name and Address of Current Registered Agent 10. Name and Address of New	
NEIWIRTH, RONALD G. 81 Name	
201 ALHAMBRA CIRCLE  82 Street Address (P.O. Box Number is Not Accep	table)
SUITE 1845   100 SE 2nd St., 17th 1	Floor
CORAL GABLES FL 33134	
84 City Miami	FL 85 Zip Code 33131
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the	<u> </u>
affice or registered about or both in the State of Florida. Such about a purharized by the corporation's board of directors. I bareby as	purpose of changing its registered
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	ept the appointment as 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 accagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	cept the appointment as registered
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE DATE
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	cept the appointment as registered
SIGNATURE    Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE.	DATE  PICERS AND DIRECTORS IN 12
SIGNATURE    Signature, typod or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICE   1.1 TITLE   VP	DATE FICERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE  Signature, typod or printed name of registered agent and title if applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  P DUNNE, ROBERT P.  STREET ADDRESS  928 S.W. 10TH STREET  MIAMI FL  1.3 STREET ADDRESS  GITY-ST-ZIP  MIAMI FL  1.4 CITY-ST-ZIP  MIAMI FL  1.5 TITLE  VT  DELETE  1.1 TITLE  VT  DELETE  1.2 NAME  1.3 STREET ADDRESS  928 S.W. 10TH STREET  1.4 CITY-ST-ZIP  MIAMI FL  1.4 CITY-ST-ZIP  MIAMI FL  1.5 STREET ADDRESS  1.7 LOT	DATE FICERS AND DIRECTORS IN 12 Change Addition  T Change Addition  Change Addition  Addition
SIGNATURE  Signature. typoid or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS  TILLE  P  LOUNNE, ROBERT P.  STREET ADDRESS  928 S.W. 10TH STREET  1.3 STREET ADDRESS  GITY-ST-ZIP  MIAMI FL  LOUNNE, PETER J.  ADDITIONS/CHANGES TO OFT.  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12 Change Addition  T Change Addition  Change Addition  Addition
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CITY-ST-ZIP

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.

2/25/98

305/858-6900

**FILED** 

Mar 05 1998 8:00am