


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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000093702 (6)**

1. Corporation Name

SECOND CHANCE FRANCHISE, INC.

Principal Place of Business

**21649 US HIGHWAY 19 N
SUITE 200
CLEARWATER FL 34625
US**

Mailing Address

**21649 US HIGHWAY 19 N
SUITE 200
CLEARWATER FL 34625
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 5801 Ulmerton Road	26 5801 Ulmerton Road	3. Date Incorporated or Qualified 12/23/1994	
Suite, Apt. #, etc. 22 Ste. # 203	Suite, Apt. #, etc. 27 Ste. # 203	4. FEI Number 59-3286190	Applied For <input type="checkbox"/> Not Applicable
City & State 23 Clearwater FL	City & State 28 Clearwater FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24 33760	Country 25 Pinellas	29 33760	30 Pinellas
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COHRS, DENIS A 800 SECOND AVE S SUITE 300 ST PETERSBURG FL 33701		81 Name Michael G. Krizmanich	
		82 Street Address (P.O. Box Number is Not Acceptable) 5801 Ulmerton Rd, Ste. # 203	
		83	
		84 City Clearwater	
		85 Zip Code FL 33760	

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

Michael Krizmanich
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIZMANICH, MICHAEL G	1.2 NAME	
STREET ADDRESS	5801 ULMERTON RD SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

Michael Krizmanich

3-2-98 (913) 500-2222

CR2E034 (10/97)