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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

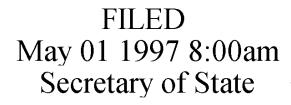
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 318414

(0)

AMERICAN FRANCHISE SYSTEMS OF FLORIDA, INC.



Principal Place of Business Mailing Address 245 \$ MAITLAND AVE #209 245 \$ MAITLAND AVE #20 MAITLAND FL 32751 MAITLAND FL 32751-5678						
					3. Date Incorporated or Qualified 07/06/1967	3a. Date of Last Report 03/19/1996
2. Principal Pl	ace of Business	2a. Mailing Address		·····	4. FEI Number	Applied For
21		26			59-1170426	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip 30	Coun	try	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
24	9. Name and Address of Current		٦ار		10. Name and Address of New Reg	
ARM	STRONG, WILLIAM F	· ··· =	٤	11 Name		
711 SEQUOIA TRAIL			Ì	2 Street Addr	ress (P.O. Box Number is Not Acceptable	e)
MAITLAND FL 32751					edd (1.6. pox 14gmpor 16 14gmpoptabl	
			8	3		
			E	4 City		85 Zip Code
** D	to the are daison of Sections 507 0502	and CO7 1500 Florida Ctatutos	the ab		availar submits this statement for the	FL 68 Zip code
office or re	egistered agent, or both, in the State of	of Florida. Such change was aut	horized	by the corporat	poration submits this statement for the pricion's board of directors. I hereby accep	t the appointment as registered
Į.	m lamiliar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statu	ies.		Į.
SIGNATURE	Signature Typed or printed name of registered agent	and little if applicable (NOTE: F	legistered /	gent signature requir	red when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	······································
THLE	D	☐ DELETE	1.1 TITL	E		L Change Addition 3
NAME	ILGENFRITZ, MARK		12 NAM	IE		2
STREET ADDRESS	742 SHARP MTN CREEK		1.3 \$TA	EET ADDRESS		រុម្ភ
CITY-ST-ZIP	MARIETTA GA	DELETE		-ST-ZIP		☐ Change ☐ Addition C
TITLE	PD	□ Streit	2.17(1)]		Change Addition C
NAME DENET TOPOTON	ARMSTRONG, WILLIAM F 711 SEQUOIA TRAIL		2.2 NAM	\	ř	!
STHEET ADDRESS	MAITLAND FL			EET ADDRESS		
CITY · ST - ZIP	D D	☐ DELETE	3.1 TiTL	/-ST-ZIP		☐ Change ☐ Addition
NAME	STEPHEN W ARMSTRONG		3.2 NAV	† 1		
STREET ADDRESS	1200 DEVONSHIRE DR		3.3 STR	ET ADDRESS		
CITY-SI-ZIP	JACKSONVILLE AL		3 4. ÇÎ	r-ST-ZIP		Ì
TITLÉ	\$	DELETE	4.1 THL			Change Addition
NAME	ARMSTRONG, MABEL B		4. 2 NAJ	NE)		
STREET ADDRESS	711 SEQUOIA TRAIL		4.3 STR	ET ADDRESS		İ
CITY-ST-ZIP	MAJTLAND FL			-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITL			Change Addition
NAME	BRYDER, E L		5.2 NAM	1		
STREET ADDRESS	672 POINSETTIA RD #58			ET ADDRESS		
CITY-S1-7IP TITLE	BELLEAIRE FL	DELETE	5.4 CiTy 6.1 Ti11.	-ST-20P		Change Addition
1 1		L.J DECER				Change Clyndidd
NAME CTUCK! ANNOUSE			6.2 NAM 6.2 STBI	EET ADDRESS		
STREET ADDRESS				1		
City-St-7iF			0.4 (-111	-ST-ZIP		

14. I do 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 appear in Block 13 it planned or or negative theorems.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STRONG 425/97 (407)645-334