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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **318414** **(0)**

1. Corporation Name
AMERICAN FRANCHISE SYSTEMS OF FLORIDA, INC.

Principal Place of Business
~~245 S MAITLAND AVE #200~~
MAITLAND FL 32751

Mailing Address
~~245 S MAITLAND AVE #200~~
MAITLAND FL ~~32751~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/06/1967

2. Principal Place of Business
21 711 SEQUOIA TR.
Suite, Apt. #, etc.
22
City & State
23 MAITLAND, FL.
Zip
24 32751-4508 Country USA
25 ORANGE

2a. Mailing Address
26 P.O. Box 940431
Suite, Apt. #, etc.
27
City & State
28 MAITLAND, FL
Zip
29 32794-0431 Country USA
30

4. FEI Number
59-1170426
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ARMSTRONG,WILLIAM F
711 SEQUOIA TRAIL
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ILGENFRITZ, MARK		1.2 NAME		
STREET ADDRESS	742 SHARP MTN CREEK		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ARMSTRONG, WILLIAM F		2.2 NAME		
STREET ADDRESS	711 SEQUOIA TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEPHEN W ARMSTRONG		3.2 NAME		
STREET ADDRESS	1200 DEVONSHIRE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE AL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ARMSTRONG, MABEL B		4.2 NAME		
STREET ADDRESS	711 SEQUOIA TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRYDER, E L		5.2 NAME		
STREET ADDRESS	672 POINSETTIA RD #58		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIRE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

W. F. ARMSTRONG 5/1/98