

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F03077 (7)**

1. Corporation Name  
**INTERNATIONAL FRANCHISE GROUP, INC.**



Principal Place of Business <b>9887 FOURTH STREET NO. P.O. BOX 31005 ST. PETERSBURG FL 33702 US</b>	Mailing Address <b>P. O. BOX 42008 P.O. BOX 31005 ST. PETERSBURG FL 33742-4008 US</b>
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3. Date Incorporated or Qualified <b>10/24/1980</b>	3a. Date of Last Report <b>04/25/1995</b>
4. FEI Number <b>59-2028808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**REEVES, ROBERT H  
9887 FOURTH STREET NORTH  
P. O. BOX 42008  
ST. PETERSBURG FL 33742**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent in state of Florida      Registered Agent signature prepared when filing      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK, ROGER E</b>	1.2 NAME	
STREET ADDRESS	<b>9887 FOURTH ST. NO, BOX 42008</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SVP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REEVES, ROBERT H.</b>	2.2 NAME	
STREET ADDRESS	<b>9887 FOURTH ST. NO. BOX 42008</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TDS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOCK VICTORIA M</b>	3.2 NAME	
STREET ADDRESS	<b>9887 FOURTH ST. NO. BOX 42008</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELOACH, DENNIS R JR</b>	4.2 NAME	
STREET ADDRESS	<b>5527 OAKHURST DR N</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEMINOLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, R.KELLEY</b>	5.2 NAME	
STREET ADDRESS	<b>18167 US HWY, 19 NORTH #660</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	5.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert H. Reeves*      **Robert H. Reeves, S.V.P.**      **05/07/96**      **813/576-8241**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #

CR2E034 (12/95)