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FILED  
Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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  
9887 FORUTH STREET NO.  
P.O. BOX 31005  
ST. PETERSBURG FL 33702  
US

Mailing Address  
P. O. BOX 42008  
P.O. BOX 31005  
ST. PETERSBURG FL 33742-4008  
US

3. Date Incorporated or Qualified 10/24/1980  
3a. Date of Last Report 05/14/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2028808  
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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 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 |                               |                                 |
|----------------------------|-------------------------------|---------------------------------|
| TITLE                      | CP                            | <input type="checkbox"/> DELETE |
| NAME                       | BLOCK, ROGER E                |                                 |
| STREET ADDRESS             | 9887 FOURTH ST. NO, BOX 42008 |                                 |
| CITY-ST-ZIP                | ST. PETERSBURG FL             |                                 |
| TITLE                      | SVP                           | <input type="checkbox"/> DELETE |
| NAME                       | REEVES, ROBERT H.             |                                 |
| STREET ADDRESS             | 9887 FOURTH ST. NO. BOX 42008 |                                 |
| CITY-ST-ZIP                | ST. PETERSBURG FL             |                                 |
| TITLE                      | TDS                           | <input type="checkbox"/> DELETE |
| NAME                       | BLOCK VICTORIA M              |                                 |
| STREET ADDRESS             | 9887 FOURTH ST. NO. BOX 42008 |                                 |
| CITY-ST-ZIP                | ST. PETERSBURG FL             |                                 |
| TITLE                      | D                             | <input type="checkbox"/> DELETE |
| NAME                       | DELOACH, DENNIS R JR          |                                 |
| STREET ADDRESS             | 5527 OAKHURST DR N            |                                 |
| CITY-ST-ZIP                | SEMINOLE FL                   |                                 |
| TITLE                      | D                             | <input type="checkbox"/> DELETE |
| NAME                       | JOHNSON, R.KELLEY             |                                 |
| STREET ADDRESS             | 18167 US HWY, 19 NORTH #660   |                                 |
| CITY-ST-ZIP                | CLEARWATER FL                 |                                 |
| TITLE                      |                               | <input type="checkbox"/> DELETE |
| NAME                       |                               |                                 |
| STREET ADDRESS             |                               |                                 |
| CITY-ST-ZIP                |                               |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |  |   |
| 6.3 STREET ADDRESS                                    |  |   |
| 6.4 CITY-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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* ROGER E. BLOCK 3-3-97 813-576-8241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)