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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997		ary of State CORPORATIONS	Secreta	ry of State
DOCUMENT # F4924 1. Corporation Name FRANMAR ENTERPRISES, INC.	1 (5)			
Principal Place of Business	Mailing Address			II BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL HEBI
1555 NORMANDY DR. PO BOX 414752 MIAMI BCH FL 33141	1555 NORMANDY DR. PO BOX 414752 Miami BCH FL 33141-075	52		
			3. Date Incorporated or Qualified 10/12/1981	3a. Date of Last Report 04/16/1996
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		59-2130889	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζιρ	Country	8. This corporation has liability for inte	
24 25 9. Name and Address of Cur	[29] rrent Registered Agent	[30]	Florida Statutes 10. Name and Address of New Regis	
STOTTS, MARIA B.		81 Name		
1555 NORMANDY DR.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
P.O. BOX 414752				
MIAMI BEACH FL 33141		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the St	0502 and 607.1508, Florida Statu late of Florida, Such change was	ites, the above-named corpora	poration submits this statement for the purition's board of directors. Thereby accept t	
agent. I am familiar with, and accept the ob	oligations of, Section 607.0505, F	lorida Statutes.		
SIGNATURE Signature, typed or printed transe of registered		D1E : Registered Agant signature requ	ired when reinstating)	DATE
TITLE PS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
NAME STOTTS, MARIA		1.1 TITLE 1.2 NAME		L. Change L. Addition
STREET ADDRESS 1555 NORMANDY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI BCH, FL		1.4 CITY - ST - 2IP		
TITLE ME V	DELETE	2 1 701.6		Change Addition
NAME STOTTS, FRANKLIN		2.2 NAME		
STREET ADDRESS 1655 NORMANDY DR.		2.3 STREET ADDRESS		
TITLE TO LO CONTROL OF A CONTRO	DELETE	2.4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME 8225 N. Bayshore Dr.		I !		
STREET ADDRESS		3.2 NAME		
	ore Dr.	3.3 STREET ADDRESS		
CITY-ST-ZIP Miami, FL . 33	3138	3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE	ore Dr. 3138	3 3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE	,	Change Addition
TITLE NAME	3138	3 3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	3138	3 3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME	3138	3 3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 / 3 8 □ DECETE	3 3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	,	
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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: A MAN SACONA (WOODED) WAS INC.

W/20/47

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FILED

May 15 1997 8:00am