

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 # F93000000903 (5)

1. Corporation Name

FRANKLIN & WELKER, INC.



Principal Place of Business

Mailing Address

10800 BISCAYNE BLVD. #645
MIAMI FL 33161

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MIAMI FL 33161

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 12955 Biscayne Blvd.

26 12955 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 407

27 Suite 407

City & State

City & State

23 N. Miami FL

28 N. Miami FL

Zip

Country

Zip

Country

24 33181

25 USA

29 33181

30 USA

4. FEI Number

36-3220105

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

FRANKLIN, LEONARD G
10800 BISCAYNE BLVD., #645
MIAMI FL 33161

81 Name Leonard G. Franklin
82 Street Address (P.O. Box Number is Not Acceptable)
12955 Biscayne Blvd.
83 Suite 407
84 City N. Miami FL 85 Zip Code 33181

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 DCP ☐ DELETE
NAME FRANKLIN, LEONARD G
STREET ADDRESS 1240 NE 82ND ST.
CITY-ST-ZIP MIAMI FL 33138

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVCS ☐ DELETE
NAME FRANKLIN, PEGGY W
STREET ADDRESS 1240 NE 82ND ST.
CITY-ST-ZIP MIAMI FL 33138

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME FRANKLIN, PEGGY W
STREET ADDRESS 1240 NE 82ND ST.
CITY-ST-ZIP MIAMI FL 33138

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (305) 891-9940
Date Daytime Phone

CR2E034 (12/95)