

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED
95 FEB 22 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002359

1. Corporation Name

**Franchise System Holdings, Inc.
2655 Le Jeune Road, Suite 800
Coral Gables, Florida 33134**

Principal Place of Business Mailing Address

**2655 Le Jeune Road, Suite 800
Coral Gables, Florida 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **5/6/94** 3a. Date of Last Report

4. FEI Number **33-0371695** 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

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324**

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 of agent)

(NOTE: Registered Agent signature required when new address)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Director/President**
NAME **James K.C. Choi**
STREET ADDRESS **2655 Le Jeune Rd., Suite 800**
CITY, ST, ZIP **Coral Gables, FL 33134**

TITLE **Director/Vice President**
NAME **Thomas G. Stauffer**
STREET ADDRESS **29800 Bainbridge Road**
CITY, ST, ZIP **Solon, OH 44139**

TITLE **Vice President**
NAME **Erwin J. Rieck**
STREET ADDRESS **2655 Le Jeune Road, Suite 800**
CITY, ST, ZIP **Coral Gables, FL 33134**

TITLE **Secretary**
NAME **K. Daniel Heininger**
STREET ADDRESS **2655 Le Jeune Road, Suite 800**
CITY, ST, ZIP **Coral Gables, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

**700001413837
-02/23/95--01075--020
****200.00 ****200.00**

2/22/95 M8

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95

305.460.1900

Date

Daytime Phone

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 110.07(3)(b), 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 of this report with an address.