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Apr 25 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 # F94000002452 (0)

1. Corporation Name

FRANCHISE FINANCE CORPORATION OF AMERICA

Principal Place of Business

Mailing Address

17207 NORTH PERIMETER DRIVE
SCOTTSDALE AZ 85255

17207 NORTH PERIMETER DRIVE
SCOTTSDALE AZ 85255-5401



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/11/1994		02/20/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		86-0736091		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME FLEISCHER, MORTON H
STREET ADDRESS 17207 NORTH PERIMETER DRIVE
CITY-ST-ZIP SCOTTSDALE AZ

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

TITLE C
NAME HALLIDAY, ROBERT W
STREET ADDRESS 17207 NORTH PERIMETER DRIVE
CITY-ST-ZIP SCOTTSDALE AZ

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

TITLE EVP
NAME VOLK, CHRISTOPHER
STREET ADDRESS 17207 N. PERIMETER DRIVE
CITY-ST-ZIP SCOTTSDALE AZ

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

TITLE SVP
NAME ROACH, ROBIN L
STREET ADDRESS 17207 NORTH PERIMETER DRIVE
CITY-ST-ZIP SCOTTSDALE AZ

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

TITLE SVP
NAME RUBEN, DENNIS L
STREET ADDRESS 17207 NORTH PERIMETER DRIVE
CITY-ST-ZIP SCOTTSDALE AZ

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

TITLE EVP
NAME BARRAVECCHIA, JOHN R
STREET ADDRESS 17207 NORTH PERIMETER DRIVE
CITY-ST-ZIP SCOTTSDALE AZ

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

EXECUTIVE VP, GEN. COUNSEL AND ASST. SEC.

EVPT

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

CR2E034 (9/96)