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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporatio INTERI	MENT # F9500 NATIONAL FRANCHISORS	0005876 (6) GROUP, INC.			
Principal Plac	o of Business	Mailing Address			
2000 ISLAND BLVD STE 3007		4000 HOLLYWOOD BLV STE 735 SOUTH	D		
AVENTURA I	HOLLYWOOD FL 33021	LYWOOD FL 33021		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 12/04/1995
	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	# at-	Suite Act # etc		<del></del>	13-3698162 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
	EIDT, MICHAEL		81	Name	
4000 HOLLYWOOD BLVD STE 735 SOUTH			82	Street A	Address (P.O. Box Number is Not Acceptable)
Н	OLLYWOOD FL 33021		83		
			64	City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered ng	ertamotelie it applicative (NOI	E Rugistered Age		corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating)  DATE  ADDITIONS CHANGES TO DESIGNED AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	CASCIATI, ARMANDO	(	1.2 NAME	ſ	LILENDAN, ACCIDENTAL TOURS TO SHARE
STREET ADDRESS	300 5TH AVE., #6717		1.3 STREET	ADDRESS	2000 Jaland Blvd Sie 3007
CITY-ST-ZIP	NEW YORK NY 10018		1,4 CITY - S	1-ZIP	2000 Island Blvd, 51e 3007 Avertura, Fl. 38160
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	1	
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	
TITLE		☐ DEFE1E	3.1 TITLE		Change Addition
TOUME			32 NAME	- 1	
STREET ADDRESS			3.3 STREET		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - : 4.1 TITLE	ST-ZIP	Change Addition
NAME		LJ beeck	4. 2 NAME	- 1	
			4. 2 IVAME	Anneree	
STREET ADDRESS CHTY-ST-ZIP			4.3 SINCE	ſ	,
TITLE		DELETE	5.1 TITLE	· -::-	Change Addition
NAME			5.2 NAME	}	
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	1- <u>ZIP</u>	
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	ł	
STREET ADORESS			6.3 STREET		

14. I 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 entropy do 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 entropy.

SIGNATURE: 7

(306)936-8132

**FILED** 

Mar 19 1998 8:00am

Secretary of State