

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001053 (5)**

1. Corporation Name
VILLAGER FRANCHISE SYSTEMS, INC.



Principal Place of Business 6 SYLVAN WAY PARSIPPANY NJ 07054	Mailing Address 6 SYLVAN WAY PARSIPPANY NJ 07054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6 Sylvan Way Suite, Apt. #, etc.		2a. Mailing Address 26 6 Sylvan Way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/01/1996	
22 City & State 23 Parsippany, NJ		27 City & State 28 Parsippany, NJ		4. FEI Number 22-3333766	
24 Zip 07054		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 07054		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 07054		29 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

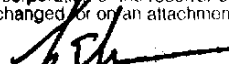
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				FL 85 Zip Code	

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 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, KENNETH	1.2 NAME	
STREET ADDRESS	3 AMMERMAN WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTER NJ 07930	1.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, SCOTT E	2.2 NAME	
STREET ADDRESS	132 WASHINGTON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JEANNE M	3.2 NAME	
STREET ADDRESS	47 N. VAN DIEN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEWOOD NJ 07450	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, STEPHEN P	4.2 NAME	
STREET ADDRESS	43 GREENVIEW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEQUANNOCK NJ 07440	4.4 CITY-ST-ZIP	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNODGRASS, JOHN D	5.2 NAME	
STREET ADDRESS	67 PROSPECT HILL AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMIT NJ 07901	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKMAN, JAMES E	6.2 NAME	
STREET ADDRESS	99 WOODFIELD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ 07078	6.4 CITY-ST-ZIP	

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 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:  **Scott E. Forbes, Sr. Vice President**

1/28/98

CR2E034 (10/97)