

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001259 (8)

1. Corporation Name
ERA FRANCHISE SYSTEMS, INC.

FILED
May 12 1997 8:00am
Secretary of State



Principal Place of Business
339 JEFFERSON RD.
PARSIPPANY NJ 07054

Mailing Address
339 JEFFERSON RD.
PARSIPPANY NJ 07054-3707

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 03/12/1996	3a. Date of Last Report
22 Cty & State Parsippany, NJ	27 City & State Parsippany, NJ	4. FEI Number APPLIED FOR	Applied For Not Applicable
23 Zip 07054	25 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 07054	28 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		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, type 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 DPT	NAME HOLMES, STEPHEN P 339 JEFFERSON RD. PARSIPPANY NJ 07054	1.1 TITLE <input checked="" type="checkbox"/> DELETE President, COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peter D. Burgdorff 6 Sylvan Way Parsippany, NJ 07054
TITLE DVS	NAME BUCKMAN, JAMES E 339 JEFFERSON RD. PARSIPPANY NJ 07054	21. TITLE <input type="checkbox"/> DELETE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director 200002187042 -05/21/97-01100-021 ***165.00
TITLE	NAME	31. TITLE <input type="checkbox"/> DELETE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Jeanne M. Murphy 6 Sylvan Way Parsippany, NJ 07054
TITLE	NAME	41. TITLE <input type="checkbox"/> DELETE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Scott E. Forbes 6 Sylvan Way Parsippany, NJ 07054
TITLE	NAME	51. TITLE <input type="checkbox"/> DELETE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CEO, Director John D. Snodgrass 6 Sylvan Way Parsippany, NJ 07054
TITLE	NAME	61. TITLE <input type="checkbox"/> DELETE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COB, Director Richard A. Smith 6 Sylvan Way Parsippany, NJ 07054

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:

Scott E. Forbes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott E. Forbes

4/25/97

(201)359-5065

Date

Daytime Phone #

CR2E034 (9/96)