

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90161 041 ***150.00

DOCUMENT # F98000000839

1. Corporation Name

PRODUCTIVITY PARTNERS FRANCHISING, INC.

Principal Place of Business

9600 W. SAMPLE RD., STE. 404
CORAL SPRINGS FL 33326

Mailing Address

9600 W. SAMPLE RD., STE. 404
CORAL SPRINGS FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

65-0782588

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

HERMANN, RICHARD F
9600 W. SAMPLE RD., STE. 404
CORAL SPRINGS FL 33326

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

TITLE ☒ DELETE

NAME HERMANN, RICHARD F

STREET ADDRESS 9600 W. SAMPLE RD., STE. 404

CITY-ST-ZIP CORAL SPRINGS FL 33326-33065

TITLE ☒ DELETE

NAME SOSCIA, LOUIS S

STREET ADDRESS 9600 W. SAMPLE RD., STE. 404

CITY-ST-ZIP CORAL SPRINGS FL 33326-33065

TITLE ☒ DELETE

NAME SAMUEL D. HILL

STREET ADDRESS 9600 W. SAMPLE RD. STE 404

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ DELETE

NAME CHIEF FINANCIAL OFFICER

NAME JAMES R. DAY

STREET ADDRESS 9600 W. SAMPLE RD #404

CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME C/S

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 33065

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 33065

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME P

3.3 STREET ADDRESS SAMUEL D. HILL

3.4 CITY-ST-ZIP 9600 W. SAMPLE RD #404

3.5 CITY-ST-ZIP CORAL SPRINGS FL 33065

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME CHIEF FINANCIAL OFFICER

4.3 STREET ADDRESS JAMES R. DAY

4.4 CITY-ST-ZIP 9600 W. SAMPLE RD #404

4.5 CITY-ST-ZIP CORAL SPRINGS, FL 33065

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 of the corporation 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 a partner, officer, 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 applicable, and that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. DAY, CFO 2/5/99 (954) 344-8555

Date

Daytime Phone #

CR2E034 (11/98)