

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  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90016 006 \*\*\*150.00

DOCUMENT # F98000005607

1. Corporation Name

FRANCHISE MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

6600 NORTH ANDREWS AVE., STE. 350  
FT. LAUDERDALE FL 33309

Mailing Address

6600 NORTH ANDREWS AVE., STE. 350  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

38-3320779

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

E. WAYNE WALLHAUSEN, ESQUIRE

82 Street Address (P.O. Box Number is Not Acceptable)

6600 NORTH ANDREWS AVE. SUITE 350

83

84 City

FORT LAUDERDALE,

FL

85 Zip Code

33309

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

*E. Wayne Wallhausen*

E. WAYNE WALLHAUSEN

2-28-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPSPD ☐ DELETE  
NAME FOSTER, ANTHONY G  
STREET ADDRESS 6600 NORTH ANDREWS AVE., STE. 350  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

1.1 TITLE DV ☐ Change ☒ Addition  
1.2 NAME William Fisher  
1.3 STREET ADDRESS 6600 NORTH ANDREWS AVE, SUITE 350  
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE D ☐ DELETE  
NAME BUMGARDNER, THOMAS L  
STREET ADDRESS 6600 NORTH ANDREWS AVE., STE. 350  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

TITLE V ☒ DELETE  
NAME WALLHAUSEN, E. WAYNE  
STREET ADDRESS 6600 NORTH ANDREWS AVE., STE. 350  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

TITLE TV ☐ DELETE  
NAME NOVELL, MARK A  
STREET ADDRESS 6600 NORTH ANDREWS AVE., STE. 350  
CITY-ST-ZIP FT. LAUDERDALE FL 33309

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

TITLE D ☐ DELETE  
NAME ORLINSKY, HENRY  
STREET ADDRESS 586 SUNDERLAND RD.  
CITY-ST-ZIP TEANECK NJ 07666

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

TITLE D ☐ DELETE  
NAME GRADY, SUZANNE  
STREET ADDRESS 2271 EAST 1ST ST., APT. 27  
CITY-ST-ZIP FT. MYERS FL 33901

6.1 TITLE DV ☒ 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 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, with all other like empowered.

SIGNATURE:

*Mark A. Novell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF

2/28/99

Date

954-772-3444

Daytime Phone #

CR2E034 (11/98)