FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name H30002

(0)

FRANKLIN FAMILY CORP.

Principal Place of Business	Mailing Address
1315 COVEY COURT VENICE FL 34293	1315 COVEY COUF VENICE FL 34293
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1315 COVEY (VENICE FL 34) US		1315 COVEY COURT VENICE FL 34293 US			Date Incorporated or Qualified 11/15/1984	3a. Date of La 04/28	ist Report /1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	····	Applied For
1		26			59-2496669		Not Applicable 3.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Required
City & State		Oity & State			Election Campaign Financing Trust Fund Contribution	<u> </u>	5.00 May Be Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for	intangible tax und No	ler s. 199.032,
4	25	29	30		Florida Statutes Yes 10. Name and Address of New F		1
	9. Name and Address of Curre		8	Name	10. Name gild Address of New 1	egisteres rigo	<u> </u>
SEITL, W 1950 Lai 33581 -7 1	1AYNE F. ESQ. Seitly NDINGS BLVD., \$105-240 =33870 Savasot	washington Bl	vd, 8	l	ess (P.O. Box Number is Not Acceptat	ole)	
	- 141 - 120 - 1	0111112	8	4 City		FL 85	Zip Code
or registere familiar with SIGNATURE:	ad agent, or both, in the State of Flor n, and accept the obligations of, Sec Sprace, pper or pide trans of hydronel age	nda Suphichange was aumore then 607 0505, Florida Statute:	S.	poration's boa	ration submits this statement for the puriod of directors. I hereby accept the application of directors and the application of	DÄIF	
12.		ND D-RECTORS	13. 1 1 1/1		ADDITIONS OF ANGES TO GIT	[] O	
THILE	PD Franklin, William E.		1.2 NAM			_	
NAME	1315 COVEY CRT.			F: ADDRESS			
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NAME			I				
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14. It do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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, Flor da Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 OFFICER OR DIRECTOR

Depart Plant

April 12, 1996 941-493-397

CR2E034 (12/95)