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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

J01902

(2)

THIRTEEN THIRTY BEN FRANKLIN, INC.

**FILED** 

Jan 27 1998 8:00am

Secretary of State

| Principal Place of Bus                          | siness                    | Mailing Addre           | Mailing Address             |      |  |   |    |  |  |
|---|---------------------------|-------------------------|-----------------------------|------|--|---|----|--|--|
| 1330 BEN FRANKLIN DR<br>SARASOTA FL 34236<br>US |                           | BOX 40<br>SARASOTA FI   | BOX 40<br>SARASOTA FL 34230 |      |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified                                       |    |  |  |
| 2. Principal Place of E                         | Rusiness                  | 2a Mailing Ac           | 2a. Mailing Address         |      |  | 02/28/1986 4. FEI Number Applied For  |    |  |  |
| 1   |                           | 26                      | <del>_</del>                |      |  | 59-277744 Not Applicat  |    |  |  |
| Suite, Apt. #, etc.                             |                           | Suite, Apt.             | Suite, Apt. #, etc.         |      |  | 5. Certificate of Status Desired S8.75 Additional Fee Required                                      |    |  |  |
| City & State                                    |                           | City & Stat             | City & State                |      |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                  |    |  |  |
| Zip<br>4  | Country<br>25             | Zip<br><b>29</b>        | 30 Cou                      | ntry |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |    |  |  |
| Name and Address of Current Registered Agent    |                           |                         |                             |      | 10. Name and Address of New Registered Agent |   |    |  |  |
| ROSIN, RO                                       |                           |                         |                             | 81   | Name   |   |    |  |  |
| 222 OSPREY POINT DR<br>OSPREY FL 34229          |                           |                         |                             |      |  | Street Address (P.O. Box Number Is Not Acceptable)  |    |  |  |
|   |                           |                         |                             | 83   |  |   |    |  |  |
|   |                           |                         |                             | 84   | City   | FL 85 Zip Code  |    |  |  |
| 11. Pursuant to the pr                          | rovisions of Sections 607 | .0502 and 607,1508, Fig | orida Statutes, the al      | ove  | -named corpo                                 | ration submits this statement for the purpose of changing its register                              | ed |  |  |

|                | Signature, typed or printed name of registered agent and title |          | E: Registered Agent signature requ |   |   |
|----------------|--|----------|------------------------------------|---|---|
| 12.            | OFFICERS AND DIREC   |          | 13.                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |   |
| TITLE          | DP   | ☐ DELETE | 1.1 TITLE                          | Change                                      | Additional |
| NAME           | ROSIN, ROBERT P  |          | 1.2 NAME                           |   |   |
| STREET ADDRESS | 222 OSPREY POINT DR  |          | 1.3 STREET ADDRESS                 |   |   |
| CITY-ST-ZIP    | OSPREY FL.   |          | 1.4 CITY-ST-ZIP                    |   |   |
| TITLE          | DV   | DELETE   | 2.1 TITLE                          | ☐ Change                                    | Additi  |
| NAME           | HYMAN, HERBERT L.  |          | 2.2 NAME                           |   |   |
| STREET ADDRESS | 450 BCH RD UNIT 1  |          | 2.3 STREET ADDRESS                 |   |   |
| CITY-ST-ZIP    | SARASOTA FL_   |          | 2.4 CITY-ST-ZIP                    |   |   |
| TITLE          | DST  | DELETE   | 3.1 TITLE                          | ☐ Change                                    | Addit   |
| NAME [         | HYMAN, ROSALIND S  |          | 3.2 NAME                           |   |   |
| STREET ADDRESS | 450 BCH RD UNIT 1  |          | 3.3 STREET ADDRESS                 |   |   |
| CITY-ST-ZIP    | SARASOTA FL  |          | 3.4. CITY-ST-ZIP                   |   |   |
| TITLE          |  | DELETE   | 4.1 TITLE                          | Change                                      | Addit   |
| NAME           |  |          | 4. 2 NAME                          |   |   |
| STREET ADDRESS |  |          | 4.3 STREET ADDRESS                 |   |   |
| CITY-ST-ZIP    |  |          | 4.4 CITY-ST-ZIP                    |   |   |
| TITLE          |  | DELETE   | : S.1 TITLE                        | Change                                      | Additi  |
| NAME           |  |          | 5.2 NAME                           |   |   |
| STREET ADDRESS |  |          | 5.3 STREET ADDRESS                 |   |   |
| CITY-ST-ZIP    |  | _        | 5.4 CITY-ST-ZIP                    |   |   |
| TITLE          |  | DELETE   | 6.1 TITLE                          | Change                                      | Additi  |
| NAME           |  |          | 6.2 NAME                           |   |   |
| STREET ADDRESS |  |          | 6.3 STREET ADDRESS                 |   |   |
| CITY-ST-2IP    |  |          | 64 CITY-ST-7IP                     |   |   |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Fiorida Statutes, Liquida Certify that I have been some legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the corporation of the

SIGNATURE:

January 7, 1998 (941)918-9103

LAW OFFICE OF

# ROBERT P. ROSIN, CHARTERED

### **ATTORNEY AT LAW**

P.O. BOX 40 SARASOTA, FL 34230 (941) 918-9103

ROBERT P. ROSIN

Buard Certified Civil Trial Lawyer (retired) Fellow American Academy of Matrimonial Lawyers (retired)

January 14, 1998

Division of Corporations Annual Reports Filing P.O. Box 1500 Tallahassee, Florida 32302-1500

RE: Thirteen Thirty Ben franklin, Inc.

- Private Corporation Annual Report 1998

## Gentlemen:

Enclosed please find the 1998 Corporation Annual Report for Profit of Thirteen Thirty Ben Franklin, Inc., which I have signed as its president the 7th day of January, 1998 together with the enclosed check of Azure Tides Associates, Ltd., number 4487 dated January 8 1998 payable to you order in the sum of \$150.00 for the filing fee of this report.

I enclose to you an extra copy of this letter together with a self addressed stamped envelope and would you please be kind enough to please time stamp the enclosed copy of this letter and return it to me indicating the date and time of the filing of this annual report.

Many thanks.

Very truly yours,

ROBERT P. ROSIN, CHARTERED

By:
Robert P. Rosin

RPR:mt Enclosures

cc: Herbert L. Hyman

LAW OFFICE OF

# ROBERT P. ROSIN, CHARTERED

#### **ATTORNEY AT LAW**

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By:
Robert P. Rosin

RPR:mt

Enclosures

cc: Herbert L. Hyman