

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
UNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

CUMENT # **K61921**
orporation Name
FRANKLIN WAREHOUSE, INC.

al Place of Business
LAKEVIEW DR.
6
MONTVERDE FL 34756-7007

Mailing Address
16903 LAKESIDE DR.
SUITE 6
MONTVERDE FL 34756-7007
US

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90004 001 *3,300.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

& State

City & State

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/30/1989

4. FEI Number

65-0099909

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.

Yes 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

ursuant 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS P	PST FRANKLIN, GEE GEE 16903 LAKESIDE DR. MONTVERDE FL	<input type="checkbox"/> DELETE
ADDRESS P		<input type="checkbox"/> DELETE
ADDRESS P		<input type="checkbox"/> DELETE
ADDRESS P		<input type="checkbox"/> DELETE
ADDRESS P		<input type="checkbox"/> DELETE
ADDRESS P		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

reby 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
ated on this annual report or statement of change of registered agent and that my signature shall have the same legal effect as if made under oath; that I am
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
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (5/99)

9/6/99 407/469-2621