SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED
AND
FILED

1997 SEP 26 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M28727** **(9)**

1. Corporation Name
FRANZESE & ASSOCIATES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
1150 S EMORAN BLVD SUITE A ORLANDO FL 32807 US	P O BOX 720579 ORLANDO FL 32872-0579 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1986	3a. Date of Last Report: 04/26/1996
4. FEI Number: 59-2652031	☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1150 S. SEMORAN BLVD	26
Suite, Apt. #, etc. 22 SUITE A	Suite, Apt. #, etc. 27
City & State 23 ORLANDO FL.	City & State 28
Zip 24 32807 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

WOJCKICK, EDWARD J
1150 S SEMORAN BLVD
SUITE A
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name: WOJCHICK EDWARD J.
82 Street Address (P.O. Box Number is Not Acceptable): SAME AS (9)
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: WOJCHICK, EDWARD J. — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — 09-24-97 DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOJCHICK, EDWARD 1150 S SEMORAN BLVD SUITE A ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T WOJCHICK SHERRILL 1150 S. SEMORAN BLVD 'STE A' ORLANDO, FL. 32807
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HUTCHESON, JAY F 1150 S SEMORAN BLVD SUITE A ORLANDO FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V WOJCHICK MARK. 1150 S. SEMORAN BLVD. 'STE A' ORLANDO, FL. 32807
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHANNON, PATRICIA 1150 S SEMORAN BLVD SUTIEA ORLANDO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	500002309445--15 -10/01/97--01112--021 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANZESE, JOHN 4751 S CONWAY ROAD ORLANDO,F L	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D FRANZESE. JOHN 1150 S. SEMORAN BLVD 'STE A' ORLANDO FL. 32807
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARNER, MICHAEL 4751 S CONWAY ROAD ORLANDO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D GARNER MICHAEL 1150 S. SEMORAN BLVD SUITE A ORLANDO FL. 32807
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUCCISANO, SALVATORE 4751 S CONWAY ROAD ORLANDO FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D LUCCISANO SALVATORE 1150 S. SEMORAN BLVD. SUITE A ORLANDO FL. 32807

CR2E034 (4/97)

14. I do 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 added on an attachment with an address.

SIGNATURE: EDWARD J. WOJCHICK — 09-24-97 — 407-523-5350