

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M28727** (9)
1. Corporation Name
FRANZESE & ASSOCIATES OF ORLANDO, INC.



Principal Place of Business
**1150 S. SEMORAN BLVD
SUITE A
ORLANDO FL 32807
US**

Mailing Address
**P O BOX 720579
ORLANDO FL 32872-0579
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1986	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2652031	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	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	

9. Name and Address of Current Registered Agent WOJCHICK, EDWARD J 1150 S SEMORAN BLVD SUITE A ORLANDO FL 32807				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code

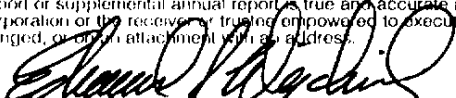
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	WOJCHICK, EDWARD	1.2 NAME	FRANCI, RICE
STREET ADDRESS	1150 S SEMORAN BLVD SUITE A	1.3 STREET ADDRESS	1150 S. SEMORAN BLVD, SUITE A.
CITY - ST - ZIP	ORLANDO FL 32807	1.4 CITY - ST - ZIP	ORLANDO FL 32807
TITLE	V	2.1 TITLE	
NAME	WOJCHICK, MARK	2.2 NAME	
STREET ADDRESS	1150 S SEMORAN BLVD SUITE A	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32807	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	SHANNON, PATRICIA	3.2 NAME	
STREET ADDRESS	1150 S SEMORAN BLVD SUITE A	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	FRANZESE, JOHN	4.2 NAME	
STREET ADDRESS	1150 S. SEMORAN BLVD., STE A	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32807	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	GARNER, MICHAEL	5.2 NAME	
STREET ADDRESS	1150 S. SEMORAN BLVD., STE A	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32807	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	LUCCISANO, SALVATORE	6.2 NAME	
STREET ADDRESS	1150 S. SEMORAN BLVD., STE A	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32807	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.

SIGNATURE:



EDWARD J WOJCHICK 04/21/98 407-823-8820

CR2E034 (10/97)