Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90019 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999	The state of the s	DIVISIO	N OF CO	RPORAT	IONS	;		02-25-1999 90	0019 012	***150	.00
DOCU	MENT # M5	1919										
Corporation	n Name	1012										
FRANKL	in & Franklin, in:	C.										
								<u> </u>	 	(18 118) 416	I eie il bible	LLEKI EKEK LEEK
Principal Plac	e of Business		ling Address									
10420 SW 77TH AVENUE MIAMI FL 33156			13568 SW 108ST C.N. MIAMI FL 33186									
US	io .	US							DO NOT WRITE	IN THIS S	PACE	
								3. Date Incorpora	ted or Qualifed			
								05/08/1987			 	
2. Principal P	Place of Business	2a.	Mailing Address	s				4. FEI Number				plied For
21		26	D: 4 - 4 - 4					59-2805233	5	•		t Applicable
Suite, Apt.	. #, etc.	 1	Suite, Apt. #, et	IC.				5. Certifcate of St	atus Desired		\$8.75 / Fee Re	
City & Sta	te .	27	City & State					6. Election Campa	aign Financing		\$5.00	
23		28	,					Trust Fund Cor	-	□ .	Added	
Zip	Country		Zip		Country	/		8. This corporatio	n owes the currer	t year Intar	gible	
24	25	29		30	o]			Personal Prope	·		Yes	□No
	9. Name and Address	of Current Registe	ered Agent		81	No	me	10. Name and Ad	dress of New Re	gistered A	gent	
I AN	CASTER, KENNETH G				6'	INA	1116		•			
5975 SUNSET DR					82	Str	eet Addre	ess (P.O. Box Numbe	r is Not Acceptab	ө)		
	TE 301				83	+						
	IAMI FL 33143											
					84	Cit	у			FL	85 Zip (Code
11 Pursuant	to the provisions of Section registered agent, or both, in	ns 607.0502 and 60	7.1508, Florida	Statutes,	the abov	e-nan	ned corpo	oration submits this st	atement for the pu		anging its	registered
office or r	registered agent, or both, in arm familiar with, and accept	the State of Florida the obligations of \$2.5	i. Such change Section 607.050	was auth 05. Florida	orized by a Statutes	the c	corporatio	n's board of directors	. I hereby accept	the appoint	nent as re	gistered
	Mary	Frank	<u></u>	Pris					-	7/5/	199	
SIGNATURE	Signature/typed or printed name of	registered agent and title if a	applicable.			nt signa	ture required	when remstating)		DATE		
12.		ICERS AND DIREC			13.			ADDITIONS/CH	ANGES TO OFFI		DIRECTO Change	RS IN 12 Addition
TITLE	PSD EDANIZINI AMBREM	MARY	☐ DELE	=15	1.1 TITLE					1	Onlange	
NAME	FRANKLIN, ANDREW 13568 SW 108 ST CF	\			1.2 NAME 1.3 STREE	T ADOD	Eee	-	•			
STREET ADDRESS	MIAMI FL	1 11			1.4 CITY-S		233					
CITY-ST-ZIP TITLE	T		☐ DELE	ETE	2.1 TITLE	11-211		· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME	FRANKLIN, ANDREW	MAKY			2.2 NAME							
STREET ADDRESS	13568 SW 108 ST CF	R. N			2.3 STREE	TADOR	ESS	,				
CITY-ST-ZIP	MIAMI FL				2. 4 CITY-5	ST-ZIP						
TITLE			☐ DELE	ETE	3.1 TITLE						Change	Addition
NAME					3.2 NAME				•			
STREET ADDRESS					3.3 STREE		ESS					
CITY-ST-ZIP			[] per	-75	3.4. CITY-5	ST-ZIP			· · · · · ·		Change	Addition
TITLE			☐ DELE	=1E	4.1 TITLE						Griange	
NAME					4. 2 NAME		Ecc					
STREET ADDRESS					4.3 STREE 4.4 CITY-S							

CITY-ST-ZIP 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

. Change

Addition

Addition