

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

FILED

Jun 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # M96049 (5)**  
 1. Corporation Name  
**ROBERT T. FRANKLIN & ASSOCIATES, INC.**



Principal Place of Business <b>98 SW 10TH DR. BOCA RATON, FL 33486</b>	Mailing Address <b>98 SW 10TH DR. BOCA RATON, FL 33486-4577</b>
---	--

<b>2. Principal Place of Business</b> <b>21 520 CYPRESS ROAD</b> Suite, Apt. #, etc.		<b>2a. Mailing Address</b> <b>26 520 CYPRESS ROAD</b> Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> <b>08/24/1988</b>	<b>3a. Date of Last Report</b> <b>04/11/1996</b>
<b>22 City &amp; State</b> <b>23 VERO BEACH, FL.</b> Zip		<b>27 City &amp; State</b> <b>28 VERO BEACH, FL.</b> Zip		<b>4. FEI Number</b> <b>65-0072210</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
<b>24 32963</b>		<b>29 32963</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> <b>FRANKLIN, ROBERT T.</b> <b>98 SW 10TH DR</b> <b>BOCA RATON FL 33486</b>		<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>ROBERT T. FRANKLIN</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>520 CYPRESS ROAD</b> <b>83</b> <b>84 City</b> <b>VERO BEACH</b> <b>FL</b> <b>85 Zip Code</b> <b>32963</b>	
--	--	--	--

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 *Robert T. Franklin* **ROBERT T. FRANKLIN** **6/17/97**  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b> <b>V</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>FRANKLIN, ROBERT T.</b> <b>STREET ADDRESS</b> <b>98 SW 10TH DR.</b> <b>CITY-ST-ZIP</b> <b>BOCA RATON FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>1.1 TITLE</b> <b>V</b> <b>1.2 NAME</b> <b>FRANKLIN, ROBERT T.</b> <b>1.3 STREET ADDRESS</b> <b>520 CYPRESS ROAD</b> <b>1.4 CITY-ST-ZIP</b> <b>VERO BEACH, FL. 32963</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>P</b> <input checked="" type="checkbox"/> DELETE <b>NAME</b> <b>FRANKLIN, OLIVIA V.</b> <b>STREET ADDRESS</b> <b>98 SW 10TH DR.</b> <b>CITY-ST-ZIP</b> <b>BOCA RATON FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>2.1 TITLE</b> <b>P</b> <b>2.2 NAME</b> <b>FRANKLIN, OLIVIA V.</b> <b>2.3 STREET ADDRESS</b> <b>520 CYPRESS ROAD</b> <b>2.4 CITY-ST-ZIP</b> <b>VERO BEACH, FL. 32963</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Robert T. Franklin* **ROBERT T. FRANKLIN** **6/17/97** **(FL) 224-7729**

CR2E034 (9/96)