


FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N40193		(7)			
1. Corporation Name FLORIDA FRANCHISE ASSOCIATION, INC.					
Principal Place of Business % RUDNICK & WOLFE 101 E. KENNEDY BLVD., SUITE 2000 TAMPA FL 33602-5133			Mailing Address % RUDNICK & WOLFE 101 E. KENNEDY BLVD., SUITE 2000 TAMPA FL 33602-5149		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24			29		
9. Name and Address of Current Registered Agent					
BEYER, DAVID A. % RUDNICK A. WOLFE 101 E. KENNEDY BLVD., SUITE 2000 TAMPA FL 33602				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
TITLE		STD		<input type="checkbox"/> DELETE	
NAME		BEYER, DAVID A.			
STREET ADDRESS		101 E. KENNEDY BLVD.			
CITY - ST - ZIP		TAMPA FL			
TITLE		PD		<input type="checkbox"/> DELETE	
NAME		GORDON, KENNETH A.			
STREET ADDRESS		2502 ROCKY POINT DRIVE, SUITE 600			
CITY - ST - ZIP		TAMPA FL			
TITLE		VD		<input type="checkbox"/> DELETE	
NAME		MCGUIRE, KENNETH J.			
STREET ADDRESS		3835 SHAMROCK WEST			
CITY - ST - ZIP		TALLAHASSEE FL			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		HINZE, DAVID			
STREET ADDRESS		8000 N FEDERAL HIGHWAY			
CITY - ST - ZIP		BOCA RATON FL			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		PERLYN, DONALD			
STREET ADDRESS		6300 N.W. 31ST AVENUE			
CITY - ST - ZIP		FT. LAUDERDALE FL			
TITLE		D		<input type="checkbox"/> DELETE	
NAME		JAGHAB, RAJA			
STREET ADDRESS		13922 58TH STREET NORTH			
CITY - ST - ZIP		CLEARWATER FL			
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CP2E037 (9/96)