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Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003615 (1)**

1. Corporation Name

**FRAMEWORKS ALLIANCE, INC.**

Principal Place of Business

15 1/2 N. EOLA DRIVE  
SUITE 5  
ORLANDO FL 32801  
US

Mailing Address

15 1/2 N. EOLA DRIVE  
SUITE 5  
ORLANDO FL 32801  
US

2. Principal Place of Business

2a. Mailing Address

21 1906 E. Robinson St.

26 1906 E. Robinson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL.

24 Zip

25 32803

Country

26 USA

27 City & State

28 Orlando, FL.

29 Zip

30 32803

Country

31 USA

9. Name and Address of Current Registered Agent

JOYNER, BRENDA  
1890 N PRAIRIE DUNES CT  
OVIEDO FL 32765

3. Date Incorporated or Qualified

07/20/1994

4. FEI Number

59-3257617

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JASON, NEFF  
STREET ADDRESS 15 1/2 N. EOLA DRIVE, #5  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME JOYNER, BRENDA  
STREET ADDRESS 1890 N. PRAIRIE DUNES COURT  
CITY-ST-ZIP OVIEDO FL

TITLE D ☐ DELETE

NAME WIECK, AMY  
STREET ADDRESS 1320 ARDEN ST.  
CITY-ST-ZIP LONGWOOD FL

TITLE D ☐ DELETE

NAME MARSH, JACK  
STREET ADDRESS 12175 SCIENCE DRIVE, #31  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☒ Change ☐ Addition

1.2 NAME Jason Neff  
1.3 STREET ADDRESS 1906 E. Robinson St.  
1.4 CITY-ST-ZIP Orlando, FL. 32803

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* REQUIRED

1/8/98 (407)898-7111

CR2E037 (10/97)