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May 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000418 (1)
1. Corporation Name
FRANKLIN H.E.L.P. CENTER, INC.

Principal Place of Business 504 SOUTHEAST 5TH AVENUE HAWTHORNE FL 32640	Mailing Address POST OFFICE BOX 142 HAWTHORNE FL 32640
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3. Date Incorporated or Qualified 01/24/1996	3a. Date of Last Report
4. FEI Number 59-3356853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 107 N.W. 3RD AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 2409 Suite, Apt. #, etc.
22 City & State 23 HAWTHORNE FL	27 City & State 28 HAWTHORNE FL
24 Zip 32640 Country U.S.A.	29 Zip 32640 Country U.S.A.

9. Name and Address of Current Registered Agent
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	FRANKLIN, JAMES G SR.	
STREET ADDRESS	504 S.E. 5TH AVE.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KING, JACQUELINE P	
STREET ADDRESS	504 S.E. 5TH AVE.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, LUCILLE	
STREET ADDRESS	504 S.E. 5TH AVE.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, BETTY R	
STREET ADDRESS	504 S.E. 5TH AVE.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, CHARLES A	
STREET ADDRESS	504 S.E. 5TH AVE.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRANKLIN, JAMES G SR.	
1.3 STREET ADDRESS	107 N.W. 3RD AVE	
1.4 CITY-ST-ZIP	HAWTHORNE FL 32640	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KING, JACQUELINE P	
2.3 STREET ADDRESS	107 N.W. 3RD AVE	
2.4 CITY-ST-ZIP	HAWTHORNE FL 32640	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMAS, LUCILLE	
3.3 STREET ADDRESS	107 N.W. 3RD AVE	
3.4 CITY-ST-ZIP	HAWTHORNE FL 32640	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRANKLIN, BETTY R	
4.3 STREET ADDRESS	107 N.W. 3RD AVE	
4.4 CITY-ST-ZIP	HAWTHORNE FL 32640	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HAWKINS, CHARLES A	
5.3 STREET ADDRESS	107 N.W. 3RD AVE	
5.4 CITY-ST-ZIP	HAWTHORNE FL 32640	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002203914	
6.3 STREET ADDRESS	-06/06/97--01028--013	
6.4 CITY-ST-ZIP	***71.00	

14. I do 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: *James G. Franklin Sr.* **JAMES G. FRANKLIN SR.** Date: **02/06/97** Daytime Phone #: **352-481-3040**

CR2E037 (9/96)