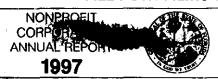
FILE NOW: FILING FEE IS \$61.25



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000000418 (1)

FRANKLIN H.E.L.P. CENTER, INC.

Principal Place of Business

Mailing Address

FILED
May 28 1997 8:00am
Secretary of State

504 SOUTHEAST 5TH AVENUE POST OFFICE BOX 142 HAWTHORNE FL 32640 HAWTHORNE FL 32640			2					
HAMIH	HORNE FL 32640 HAWTHORNE FL 32640			3. Date Incorporated or Qualified	3. Date Incorporated or Qualified 3a. Date of Last Report			
	្				01/24/1996			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	l la	pplied For	
21 107	N-W 3RD AVE	26 P.O. BOX	2409		59-3356853) ·	ot Applicable	
Suite, Apt.	107 N.W. 3RD AVE 26 P.O. BOX 240 Suite, Apt. #, etc.			# 2 via	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	ty & State City & State				6. Election Campaign Financing	\$5.00	May Be	
[23]	[20]				Trust Fund Contribution Added to Fees			
Zip 3264	Country U.S.A.	Z ₁ ρ 32640	Country 30 U . S	buntry 8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Name								
343 AT.	MERIA AVENUE	ddress (P.O. Box Number is Not Acceptab	ress (P.O. Box Number is Not Acceptable)					
F	CORAL GABLES FL 33134							
	0		83	1				
			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, typod or printed name of registered agent and lifte if applicable (NOTE. Registered Agent signature required when reinstating) DATE.								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE		PTD	Change	☐ Addition 2	
NAME	FRANKLIN, JAMES G	SR.	1.2 NAME		FRANKLIN, JAMES G S	R.	3	
STREET ADDRESS	504 S.E.5TH AVE.		1.3 STREE	I ADDRESS	107 N.W. 3RD AVE		<u>آ</u> ا	
CITY-ST-ZIP	HAWTHORNE FL 326		14 CITY-:	S1-ZIP	HAWTHORNE FL 32640		8	
TITLE	SD	DELETE	21 TITLE		SD	Change	Addition C	
NAME	KING, JACQUELINE	P	2.2 NAME		KING, JACQUELINE P		•	
STREET ADDRESS	504 S.E. 5TH AVE	•	2 3 STREET	1 ADDRESS	107 N.W. 3RD AVE			
CITY-ST-ZIP	HAWTHORNE FL 326	4.0	2 4 CITY-	ST-7iP	HAWTHORNE FL 32640			
TITLE	D	DELETE	3.1 1111	1	D	K Change	☐ Addition	
NAME	THOMAS, LUCILLE		3.2 NAME		THOMAS, LUCILLE		1	
STREET ADDRESS	504 S.E. 5TH AVE			T ADDRESS	107 N.W. 3RD AVE			
CITY-ST-ZIP TITLE	<u> Hawthorne FL 326</u>	4.0 DELETE	3 4. DITY -	ST-ZIP	HAWTHORNE FL 32640	Change	Addition	
1 1	D	_	4.1 HTLE		D	Change	Addition	
NAME	FRANKLIN, BETTY R		4. 2 NAME		FRANKLIN, BETTY R			
STREET ADDRESS	504 S.E. 5TH AVE	•		T ADDRESS	107 N.W. 3RD AVE		į.	
CITY-ST-ZIP TITLE	-HAWTHORNE FL-326	40 DELETE	4.4 GITY - 5 5.1 TITLE	SI-ZIP	HAWTHORNE FL 32640	k Phange	Addition	
NAME	D	-	5.2 NAME		D	1/-/	000	
STREET ADORESS	HAWKINS, CHARLES			T ADDRESS	HAWKINS, CHARLES A	SN VI	8/12	
CITY-ST-ZIP	504 S.E. 5TH AVE		5.4 CITY-5		107 N.W. 3RD AVE	11/70	1 0	
TITLE	HAWTHORNE FL 326	40 DELETE	61 TITLE	V1 - E11	HAWTHORNE FL 32640	☐ Change	Addition	
NAME		<u>—</u>	6.2 NAME]	40000220		ĺ	
STREET ADDRESS				T ADDRESS	-06/06/97010	28n13		
CITY-ST-ZIP		•	6.4 CITY-S		***7 <u>0.00</u>	- Marie 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984		
	ov certify that the information supplied	with this filing does not qualif			ted in Section 119.07(3)(i), Florida Statutes	. I further certify that	the	

f do nereby default hat the information supplied with this little seemed in Section 119.07(3)(6). Florida Statutes, I further certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if 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 open attachment with an address.