

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000000418 (1)
 1. Corporation Name
 FRANKLIN H.E.L.P. CENTER, INC.



Principal Place of Business Mailing Address
 107 N.W. 3RD AVE. HAWTHORNE FL 32640
 P.O. BOX 2409 HAWTHORNE FL 32640

3. Date Incorporated or Qualified
 01/24/1996
 4. FEI Number
 59-3356853
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 603 South Johnson St. 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Hawthorne, FL 27
 City & State City & State
 23 Hawthorne, FL 28
 Zip Country Zip Country
 24 32640 25 U.S.A. 29 30

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

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 James G. Franklin SR.
 82 Street Address (P.O. Box Number is Not Acceptable) 603 South Johnson Street
 83
 84 City Hawthorne FL 85 Zip Code 32640

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 *James G. Franklin Sr.* James G. Franklin SR. President 07/05/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	FRANKLIN, JAMES G SR.	
STREET ADDRESS	107 N.W. 3RD AVE	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KING, JACQUELINE P	
STREET ADDRESS	107 N.W. 3RD AVE.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, LUCILLE	
STREET ADDRESS	107 N.W. 3RD AVE.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, BETTY R	
STREET ADDRESS	107 N.W. 3RD AVE.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, CHARLES A	
STREET ADDRESS	107 N.W. 3RD AVE.	
CITY-ST-ZIP	HAWTHORNE FL 32640	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James G. Franklin Sr.* James G. Franklin SR. 07/05/98 481-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)