FILED May 21, 2002 8:00 am Secretary of State 05-21-2002 90881 010 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 7 D	1000075364			
FRANCORP INVESTMENTS	INC.			
DO NOT W	RIE IN THIS S	PACE		
2. Principal Place of Business	3. Mailing Address	Section of the state of the section	'	
2200 N COMMERCE PARKWAY C/O IRA		CKERMAN, PA		
Suite, Apt. #. etc. SUITE 206	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
City & State	City & State	CE PKWY STE 20	76 X Applied For	
WESTON FL	WESTON FL ~	-2.1	- In-	Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
33326 USA	33326	lusa	7. Name and Address of Current Registere	Fee Required
Name				
DO NOT WRITE IRA L. ZUCKERMAN Street Address (P.O. Box Number is Not Acceptable)				
TDA T CHOKUDAN S.				
			•	
		City	OMMERCE PKWY STE 206	Zip Code
		WESTON	F	- 33326
8. The above named entity submits this	statement for the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida.	
SIGNATURE ALL SIGNATURE				
SIGNATURE Signature, upped or printed name of	greed agent and title # applicable. (NOT	E: Registered Agent signature require	d when reinstating) DAYE	
9. This corporation is eligible to satisfy it	S I ILLII GIDIE	lay 1 Fee is \$150.00 1, Fee is \$550.00	10. Election Campaign Financing	45.00
Tax filing requirement and elects to do (See criteria on back)	Amende	d UBR is \$61.25	Trust Fund Contribution	\$5.00 May Be Added to Fees
	Make Check Payat CERS AND DIRECTORS	le to Department of Sta	(le	
DIRECTOR		TUTLE	- Andrian matrices demandantly to the animal of the second	
NAME GUSTAVO A GHERSI C/O IRA L. ZUCKERMAN PA		NAME		1570
STREET ADDRESS 2200 N COMMERCE PKWY STE 206		STREET ADDRESS) (A)
	3326	C(TY)-ST-ZIP	The state of the s	CRZE034B (12/01)
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TIFLE NAME		TITLE		
STREET ADDRESS		NAME Street address		
CITY-ST-ZIP		CITY-ST-ZIP		9
13. Thereby certify that the information suindicated on this report or supplied	polied with this filing does not qualify for	the exemption stated in Se	ction 119.07(3)(i), Florida Statutes. I further ce	tify that the information
indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.				
attachment with an address, with all other like empowered.				
SIGNATURE: 4/25/02				
	D TYPED OR PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	Date I	Paylimo Phone /