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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 01 1997 8:00am  
Secretary of State

DOCUMENT # P15372 (6)

1. Corporation Name

FRANCHISE ASSOCIATES, INC. OF DELAWARE



Principal Place of Business

Mailing Address

541 MAIN STREET  
S. MEYMOUTH MA 02190

541 MAIN STREET  
S. MEYMOUTH MA 02190-1888

3. Date Incorporated or Qualified

07/28/1987

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BOROFKY, MILTON  
STREET ADDRESS 141 MOHAWK TRAIL  
CITY-ST-ZIP GREENFIELD MA 01301

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME BROWN, GORDON  
STREET ADDRESS P.O. BOX 1135 N/A  
CITY-ST-ZIP WHITE RIVER JCT VT 05001

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PRESSELER, JERRY  
STREET ADDRESS 55 TAMIANI TRAIL  
CITY-ST-ZIP PUNTA GORDA FL 18013

13 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME MACARTHUR, JAMES Y.  
STREET ADDRESS 541 MAIN ST.  
CITY-ST-ZIP SO. WEYMOUTH MA

14 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME BRYANT, JAMES  
STREET ADDRESS 131 INDUSTRIAL AVE.  
CITY-ST-ZIP GREENSBORO NC

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME DESANTIS, CARL  
STREET ADDRESS RR #2 BOX 2362 N/A  
CITY-ST-ZIP LAKE GEORGE NY 12845

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.5 CITY-ST-ZIP

5.6 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97 (617) 337-7940  
Date Daytime Phone # 8000717

CR2E034 (9/96)