

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P15372 (6)**  
1. Corporation Name  
**FRANCHISE ASSOCIATES, INC. OF DELAWARE**



Principal Place of Business <b>541 MAIN STREET S. MEYMOUTH MA 02190</b>	Mailing Address <b>541 MAIN STREET S. MEYMOUTH MA 02190-1888</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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3. Date Incorporated or Qualified <b>07/28/1987</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>04-2919791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOROFSKY, MILTON</b>	
STREET ADDRESS	<b>141 MOHAWK TRAIL</b>	
CITY-ST-ZIP	<b>GREENFIELD MA 01301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, GORDON</b>	
STREET ADDRESS	<b>P.O. BOX 1135 N/A</b>	
CITY-ST-ZIP	<b>WHITE RIVER JCT VT 05001</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRESSELLER, JERRY</b>	
STREET ADDRESS	<b>55 TAMIANI TRAIL</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 19013</b>	
TITLE	<b>VAT</b>	<input type="checkbox"/> DELETE
NAME	<b>MACARTHUR, JAMES Y.</b>	
STREET ADDRESS	<b>541 MAIN ST.</b>	
CITY-ST-ZIP	<b>SO. WEYMOUTH MA</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRYANT, JAMES</b>	
STREET ADDRESS	<b>131 INDUSTRIAL AVE.</b>	
CITY-ST-ZIP	<b>GREENSBORO NC</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> DELETE
NAME	<b>DESANTIS, CARL</b>	
STREET ADDRESS	<b>RR #2 BOX 2362 N/A</b>	
CITY-ST-ZIP	<b>LAKE GEORGE NY 12845</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Robert Smith</b>
5.3 STREET ADDRESS	<b>446 Route 3</b>
5.4 CITY-ST-ZIP	<b>Plattsburgh, NY 12901</b>
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 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: Sandra B. Mortham **3/28/97 (617) 337-7940**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6000117

CR2E034 (9/96)