

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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: 541 Main St.
S. Weymouth, MA 02190
Mailing Address: 541 Main St.
S. Weymouth, MA 02190

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 7/28/1987
21. Suite, Apt. #, etc.	26. State, Apt. #, etc.	4. FTT Number 04-2919791
22. City & State	27. City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24. Country	29. Country	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

CT CORPORATION SYSTEM
1200 S. Pine Island Rd.
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
FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11. TITLE	☐ Change ☐ Addition
NAME	BOROFKY, MILTON	12. NAME	
STREET ADDRESS	141 MOHAWK TRAIL	13. STREET ADDRESS	
CITY-ST-ZIP	GREENFIELD, MA 01301	14. CITY-ST-ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	BROWN, GORDON	22. NAME	
STREET ADDRESS	P.O. Box 1135 N/A	23. STREET ADDRESS	
CITY-ST-ZIP	WHITE RIVER JCT., VT 05001	24. CITY-ST-ZIP	
TITLE	VAT	31. TITLE	☐ Change ☐ Addition
NAME	MACARTHUR, JAMES Y.	32. NAME	
STREET ADDRESS	541 MAIN ST.	33. STREET ADDRESS	
CITY-ST-ZIP	SO. WEYMOUTH, MA 02190	34. CITY-ST-ZIP	
TITLE	VCD	41. TITLE	☐ Change ☐ Addition
NAME	DeSANTIS, CARL	42. NAME	
STREET ADDRESS	RR #2, Box 2362 N/A	43. STREET ADDRESS	
CITY-ST-ZIP	Lake George, NY 12845	44. CITY-ST-ZIP	
TITLE	D & SECY	51. TITLE	☐ Change ☐ Addition
NAME	CHRISTIE, DONALD	52. NAME	
STREET ADDRESS	P. O. Box R /264 Amity Rd.	53. STREET ADDRESS	
CITY-ST-ZIP	WOODBIDGE, CT 06525	54. CITY-ST-ZIP	
TITLE	D	61. TITLE	☐ Change ☐ Addition
NAME	BUTLER, RONALD L.	62. NAME	
STREET ADDRESS	ONE PENINSULAR DR.	63. STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID, NY 12946	64. 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)(b), Florida Statutes. I further certify that the information indicated on this annual report is complete, 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 individual or individuals 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:

James MacArthur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James MacArthur

3/30/98

781-337-7940

CR2E034 (10/97)