


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90069 046 ***150.00

0545676

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P15372
 1. Corporation Name
FRANCHISE ASSOCIATES, INC. OF DELAWARE



Principal Place of Business 541 MAIN STREET S. MEYMOUTH MA 02190	Mailing Address 541 MAIN STREET S. MEYMOUTH MA 02190
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1987	
21		26		4. FEI Number 04-2919791	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		30. 8. This corporation owes the current year Intangible Personal Property Tax. <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 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 _____ (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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOROFSKY, MILTON	1.2 NAME	
STREET ADDRESS	141 MOHAWK TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENFIELD MA 01301	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, GORDON	2.2 NAME	Ronald L. Butler
STREET ADDRESS	P.O. BOX 1135 N/A	2.3 STREET ADDRESS	One Peninsular Dr.
CITY-ST-ZIP	WHITE RIVER JCT VT 05001	2.4 CITY-ST-ZIP	Lake Placid, NY 12946
TITLE	VAT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACARTHUR, JAMES Y	3.2 NAME	
STREET ADDRESS	541 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	S. MEYMOUTH MA 02190	3.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESANTIS, CARL	4.2 NAME	
STREET ADDRESS	RR#2, BOX 2362 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE GEORGE NY 12845	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, DONALD	5.2 NAME	
STREET ADDRESS	P.O. BOX R / 264 AMITY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBRIOWE CT 06525	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, RONALD L	6.2 NAME	
STREET ADDRESS	ONE PENINSULAR DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACED NY 12946	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald L. Butler* 4/15/99 (781) 337-7940
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)