


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

|   |  |   |  |
|---|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>  |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P15372</b><br>1. Corporation Name<br><b>FRANCHISE ASSOCIATES, INC. OF DELAWARE</b>  |  |   |  |
| Principal Place of Business<br><b>541 MAIN STREET</b><br><b>S. MEYMOUTH MA 02190</b>  |  | Mailing Address<br><b>541 MAIN STREET</b><br><b>S. MEYMOUTH MA 02190</b>  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29  |  |
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM</b><br><b>1200 S. PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b>  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b>                                     |  |
| 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<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>BOROFSKY, MILTON<br>141 MOHAWK TRAIL<br>GREENFIELD MA 01301  |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>BROWN, GORDON<br>P.O. BOX 1135 N/A<br>WHITE RIVER JCT VT 05001   |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>D<br>Ronald L. Butler<br>One Peninsular Dr.<br>Lake Placid, NY 12946  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VAT<br>MACARTHUR, JAMES Y<br>541 MAIN STREET<br>S. MEYMOUTH MA 02190  |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VCD<br>DESANTIS, CARL<br>RR#2, BOX 2362 N/A<br>LAKE GEORGE NY 12845   |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>DS<br>CHRISTIE, DONALD<br>P.O. BOX R / 264 AMITY ROAD<br>WOODBRIIDGE CT 06525   |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>BUTLER, RONALD L<br>ONE PENINSULAR DRIVE<br>LAKE PLACED NY 12946   |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

(781)

Daytime Phone #

CR2E034 (11/98)