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

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

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

04-20-1999 90069 046 ***150.00



Principal Place of Business Mailing Address							tilder om tilde danne erret f		41 8 11 014 16 018 11		
541 MAIN STREET S. MEYMOUTH MA 02190 541 MAIN STREET S. MEYMOUTH MA 02190							DO NOT WRITE IN THIS SPACE				
•						3. Date Inc	3. Date Incorporated or Qualifed				
						07/28/	1987				
2. Principal Place of Business 2a. Mailing Address						4. FEI Nun			A	pplied For	
21 26						04-29	19791		<u>N</u>	lot Applicable	
Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.			5. Certifcat	te of Status Desired			Additional Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Zip	Coun			8. This cor	poration owes the cur	Tent year in	tangible	_ \	
24	25	29 30				Persona	I Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name a	and Address of New	Registered	Agent		
				81	Name					\ .	
CT CORPORATION SYSTEM				82	Street Ac	idress (P.O. Box I	Number is Not Accep	table)			
1200 S. PINE ISLAND ROAD											
PLANTATION FL 33324			[83		-				3	
			84 City						85 Zip	Code	
					•	FL __		_	. 63 Zip Gode		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						orporation submits ation's board of di	this statement for the rectors. I hereby acce	e purpose of ept the appo	i changing its intment as re	s registered egistered	
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									\		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	-gent	signature rec	ADDITIO	NS/CHANGES TO O		ND DIRECT	ORS IN 12	
TITLE	D. OFFICERS AND	DELETE	1.1 TITL	E					☐ Change		
1	, — — — — — — — — — — — — — — — — — — —		1.2 NAME		- 1					}	
NAME	BOROFSKY, MILTON				ADDRESS	•				l l	
STREET ADDRESS	141 MOHAWK TRAIL			.3 STREET ADDRESS							
CITY-ST-ZIP	GREENFIELD MA 01301		1.4 CITY-ST-ZIP 2.1 TITLE			D			Change	XXAddition	
TITLE	U				1 -	Ronald L.	Butler		_ •		
NAME	BROWN, GORDON		2.3 STREET ADDRE		- 17	One Penins	- ·				
STREET ADDRESS	1					Lake Placi		.6		}	
CITY-ST-ZIP	WHITE RIVER JCT VT 05001		3.1 TITLE		-ZIP. 1	dake Flaci	Lug NI 1294	+0	Change	Addition	
TITLE	ANI.			3.2 NAME					_ •	_ [
NAME	MACARTHUR, JAMES Y				address						
STREET ADDRESS	541 MAIN STREET										
CITY-ST-ZIP	S. MEYMOUTH MA 02190	DELETE	3.4. CIT 4.1 TITI		-25				☐ Change	Addition	
TITLE	VCD		4. 2 NA		ĺ					•	
NAME	DESANTIS, CARL				ADDRESS						
STREET ADDRESS			4.3 ST		1					1	
CITY-ST-ZIP	LAKE GEORGE NY 12845	NY 12845 44 0 □ DELETE 5.11			- 611-				☐ Change	Addition	
TITLE	1.			5.2 NAME					_ •	_	
NAME	CHRISTIE, DONALD		3		ADDRESS					1	
STREET ADORESS	P.O. BOX R / 264 AMITY ROAD		5.4 CIT		- 1						
CITY-ST-ZIP	WOODBRIDGWE CT 06525		6.1 TITI						Change	Addition	
TITLE	D COUNTY OF		6.2 NA		1					- }	
NAME	BUTLER, RONALD L		Į		ADDRESS					1	
STREET ADDRESS	ONE PENINSULAR DRIVE			V OT	- 1					1	

LAKE PLACED NY 12946

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE