

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P30047 (5)**
1. Corporation Name
FRANCHISE REAL ESTATE DEVELOPMENT CORPORATION



Principal Place of Business
**CONGRESS CORPORATE PLAZA
902 CLINT MOORE ROAD, SUITE 100, BLDG 4
BOCA RATON FL 33487
US**

Mailing Address
**CONGRESS CORPORATE PLAZA
902 CLINT MOORE ROAD, SUITE 100, BLDG 4
BOCA RATON FL 33487
US**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **06/29/1990**
3a. Date of Last Record **01/25/1995**
4. FEI Number **35-1721665**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
8. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent
**CONWAY, STEPHEN P.
902 CLINT MOORE ROAD
SUITE 100
BOCA RATON FL 33487**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 of the corporation or its chief executive officer or its registered agent

Signature of the Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE **PSD** ☐ DELETE
1.2 NAME **CONWAY, STEPHEN P.**
1.3 STREET ADDRESS **902 CLINT MOORE ROAD, SUITE 100, BLDG. 4**
1.4 CITY, ST, ZIP **BOCA RATON FL**
2.1 TITLE **VD** ☐ DELETE
2.2 NAME **CONWAY, JERRY B.**
2.3 STREET ADDRESS **902 CLINT MOORE ROAD, SUITE 100, BLDG. 4**
2.4 CITY, ST, ZIP **BOCA RATON FL**
3.1 TITLE **T** ☐ DELETE
3.2 NAME **BECK, MARGARET LYNN**
3.3 STREET ADDRESS **902 CLINT MOORE ROAD, SUITE 100, BLDG. 4**
3.4 CITY, ST, ZIP **BOCA RATON FL**
4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Stephen P. Conway President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)