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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P30449 (3)

1. Corporation Name
FRANCANA FLORIDA PROPERTIES CF INC.

Principal Place of Business
% THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
% THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801-1120

3. Date Incorporated or Qualified
08/08/1990

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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4. FEI Number
51-0338974

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes 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

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

David B. Bynum, Secretary

(NOTE: Registered Agent signature required when reinstating)

1-21-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME
D'ANTONIO, LAURA
STREET ADDRESS
1633 BROADWAY/CT CORP. SYSTEM
CITY-ST-ZIP
NEW YORK NY 10019

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

000002067640--9
-01/24/97--01047--003

TITLE

NAME
TAS
DAWSON, BARBARA
STREET ADDRESS
1633 BROADWAY/CT CORP. SYSTEM
CITY-ST-ZIP
NEW YORK NY 10019

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

***165.00 ***165.00

TITLE

NAME
S
THOMAS, DEBRA
STREET ADDRESS
1633 BROADWAY/CT CORP. SYSTEM
CITY-ST-ZIP
NEW YORK NY 10019

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S
Jonathan Giddings
1633 BROADWAY/CT CORP. SYSTEM
NEW YORK, NY 10019

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

Laura D'Antonio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

DATE

Daytime Phone #

0000343

CR2E034 (9/96)