

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000008803 (8)**

1. Corporation Name  
**SIMS FRANCHISE GROUP, INC.**

Principal Place of Business <b>3333 S CONGRESS AVENUE STE 401 DELRAY BEACH FL 33445 US</b>	Mailing Address <b>3333 S CONGRESS AVENUE STE 401 DELRAY BEACH FL 33445 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/30/1992</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0382192</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>4551 N. Dixie Hwy.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4551 N. Dixie Hwy.</b> Suite, Apt. #, etc.
22 City & State <b>Boca Raton, FL</b>	27 City & State <b>Boca Raton, FL</b>
23 Zip <b>33431</b>	28 Country <b>USA</b>
24 <b>33431</b>	25 <b>USA</b>
29 <b>33431</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**MARKS, DONALD M.  
3333 S. CONGRESS AVE  
SUITE 401  
DELRAY BEACH FL 33445**

81 Name <b>Bruce Schames</b>	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>4551 N. Dixie Hwy.</b>	
84 City <b>Boca Raton</b>	85 Zip Code <b>FL 33431</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  **Bruce Schames** 3/27/98  
(NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPC</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LEINER, MEL</b>		1.2 NAME <b>mark Bennett</b>	
STREET ADDRESS <b>3333 S. CONGRESS AVE, STE 401</b>		1.3 STREET ADDRESS <b>17821 Skypark Circle, Suite G</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL</b>		1.4 CITY-ST-ZIP <b>Irvine, CA 92614</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DONALD, MARKS</b>		2.2 NAME	
STREET ADDRESS <b>5994 GLENDALE DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VSD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAPRIO, JAMES</b>		3.2 NAME	
STREET ADDRESS <b>4890 NW 65 AVENUE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAUDERHILL FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARKS, DARREN M</b>		4.2 NAME	
STREET ADDRESS <b>22809 MARBELLA CIRCLE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: 

CR2E034 (10/97)