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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000008172 (7)

FILED
May 08 1998 8:00am
Secretary of State

FRAN	O'S INTERNATIONAL, INC.			•					
Principal Place of Business Mailing Address							N BANDI HAMAT IRANI	IDDIQ HEN FOLI	
SUITE 1-2 SU			100 n. Powerline road Suite 1-2 Yompano Beach Fl 33073				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 02/02/1993		
2. Principal P	lace of Business	28.	Mailing Address				4. FEI Number		pplied For
21			6				59-3170583	· -	ot Applicable
Suite, Apt. #, etc.			Suite, Apt #, etc.				6. Certificate of Status Desired		Additional
22		27					S. Sertinoale of Glades Besires		equired
City & State			City & State				6. Election Campaign Financing		May Be
23 Zip	Country	28	Zip	Cou	ntry		Trust Fund Contribution		to Fees
24	25 29			30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren			50			10. Name and Address of New Registers		
N	AURPHY, T N JR.,ESQ				<b>81</b> N	ame			
700 W. HILLSBORO BOULEVARD					<b>82</b> S	troot Addre	ess (P.O. Box Number is Not Acceptable)		
BUILDING 4, SUITE 208					<b>"</b> 3	HEEL MOUN	(a) The requirement of the transfer of the tra		
	EERFIELD BEACH FL 33441				83				
					<b>B4</b> C	ity	<del></del>	. 85 Zip	Code
						•		L   ·	
11. Pursuant	to the provisions of Sections 607,050	2 and 60	07.1508, Florida Statute	s, the at	DOVE-DE	med corp	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of Changing i	ts registered
agent. I a	im familiar with, and accept the obligi	ations of	, Section 607.0505, Flo	rida Stat	utes.	e corporan	on's board of directors. Thereby accept the a	ppointment as	s registered
SIGNATURE									
12.	Signature, typind or printers name of registernal rigo OFFICERS AN			fragistered	Agent si	gnature require	ADDITIONS/CHANGES TO OFFICERS A		DC IN 12
TITLE	h STRAINS AN	COUNT	DELETE	1,1 11	TLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	CATURANO, FRANK			1.2 NA		ľ			
STREET ADDRESS	4100 N POWERLINE RD #0	8			1.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 3307				1.4 CITY-ST-ZIP				
TITLE			☐ DELETE	21 T)		1.		Change	Addition
NAME				2.2 N	AME				
STREET ADDRESS				2.3 ST	REET ADO	RESS			į
CITY-ST-ZIP				2.4 CITY-ST-ZIP		IP			
TITLE	···		DELETE	1				Change	Addition
NAME				3.2 NA					
STREET ADDRESS				1	REET ADD	- 1			
CITY-ST-ZIP	Deleve		T Boleve		3.4 CITY-ST-ZIP				
TITLE			DELETE	4.1 [1]				L Change	Addition
NAME CTOSET ADDRESS				4. 2 N		.0500			ì
STREET ADDRESS				1	REET ADD	1			
CITY-ST-ZIP TITLE			DELETE	5.1 TI	TY-ST-ZI	<del>-</del>		Change	Addition
NAME				5.2 NA		·			
STREET ADDRESS					REET ADO	RESS			
CITY-ST-ZIP					TY-ST-21				!
TITLE			DELETE	6.1 10				Change	Addition
NAME				6.2 N				_ •	_
STREET ADDRESS					REET ADD	RESS			
CITY-ST-ZIP					TY - ST - ZI				
	certify that the information supplied w	ith this f	ling does not qualify fo				Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information

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 informatic indicated on this annual report or suppliemental annual report is true and accurate enothal 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 secure the security of the product of the corporation of the receiver or trustee empowered to secure the security of the product of the corporation of the receiver or trustee empowered to secure the security of the product of the receiver or trustee empowered to secure the security of the product of the receiver or trustee empower or the receiver or trustee empower or trustee empower

SIGNATURE:

4-29-96