FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000019835 (6)**

1. Corporation Name

SBK FRANCHISE SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~807 S. ORLANDO AVE.~~ ~~SUITE H~~ ~~WINTER PARK FL 32789~~	807 S. ORLANDO AVE. SUITE H WINTER PARK FL 32789

3. Date Incorporated or Qualified: 03/08/1993	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3168215	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1059 Maitland Center Commons	26 1059 Maitland Center Commons
Suite, Apt. #, etc. 22 2nd Floor	Suite, Apt. #, etc. 27 2nd Floor
City & State 23 Maitland, FL	City & State 28 Maitland FL
Zip 24 32751	Country 25 Orange
Zip 29 32751	Country 30 Orange

9. Name and Address of Current Registered Agent

BYRD, JAMES S JR
~~807 S. ORLANDO AVE.~~
~~SUITE H~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1059 Maitland Center Commons

83
2nd Floor

84 City
Maitland **FL** 85 Zip Code 32751

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	BYRD, JAMES S JR	12 NAME	
STREET ADDRESS	~~807 S. ORLANDO AVE. STE. H~~	13 STREET ADDRESS	1059 Maitland Center Commons
CITY-ST-ZIP	~~WINTER PARK FL 32789~~	14 CITY-ST-ZIP	Maitland, FL 32751
TITLE	D ☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	KAUFMAN, NORMAN	22 NAME	
STREET ADDRESS	~~807 S ORLANDO AVE. STE. H~~	23 STREET ADDRESS	1059 Maitland Center Commons
CITY-ST-ZIP	~~WINTER PARK FL 32789~~	24 CITY-ST-ZIP	Maitland, FL 32751
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ 407-875-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #