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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

30

1996

DOCUMENT #

P93000020890 (8)

FRANCK ENTERPRISES OF ORLANDO, INC.

Country

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

25

WAKEFIELD, S. CRAIG

PD

VSTD

FRANCK, ROBIN L

ORLANDO FL 32824

FRANCK, DONALD E

ORLANDO FL 32824

661 IOWA WOODS CIR E

661 IOWA WOODS CIR E

920 W EMMETT ST **KISSIMMEE FL 34741** 

| Frincipal | Place o | † Business |  |
|-----------|---------|------------|--|
|           |         |            |  |

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

☐ DELETE

DELETE

□ DELETE

DELETE

DELETE

□ DELETE

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661 IOWA WOODS CIR E ORLANDO FL 32824

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

City-St-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-SI-ZIP

CITY-ST-ZiP

CITY-ST-ZIP

12

TITLE

NAME

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NAME

TITLE

NAME

TITLE

NAME

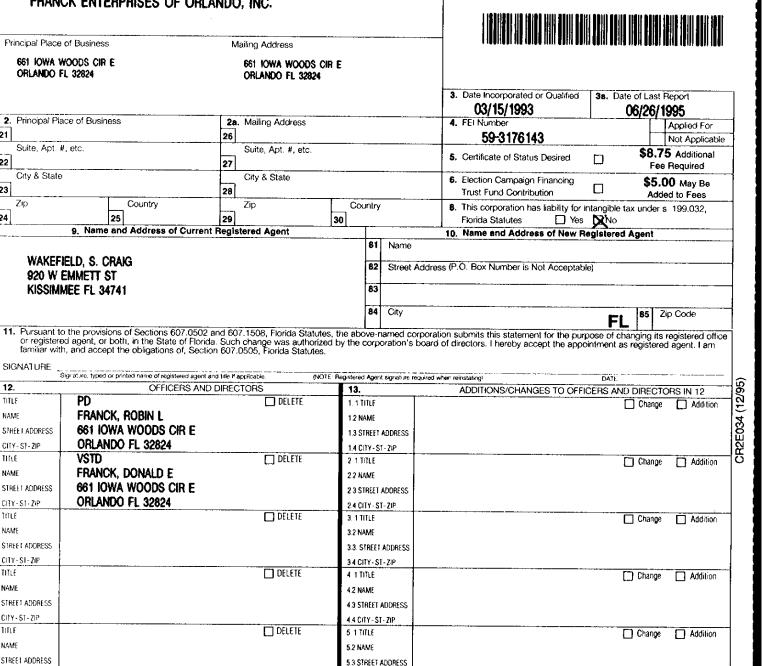
TITLE

NAME

THEE

NAME

661 IOWA WOODS CIR E ORLANDO FL 32824



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). Fiorida 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 cherges, or on an attackment with an address.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6. 1 TITLE

6.2 NAME

SIGNATURE:

Change

☐ Addition