# 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 #  P93000020890 (8)**

**1.** Corporation Name

**FRANCK ENTERPRISES OF ORLANDO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 661 IOWA WOODS CIR E<br>ORLANDO FL 32824 | 661 IOWA WOODS CIR E<br>ORLANDO FL 32824 |

| **3.** Date Incorporated or Qualified | **3a.** Date of Last Report |
|---|---|
| 03/15/1993 | 06/26/1995 |

| **2.** Principal Place of Business | **2a.** Mailing Address | **4.** FEI Number | |
|---|---|---|---|
| 21 | 26 | 59-3176143 | Applied For / Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | **5.** Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 | **6.** Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 / Country 30 | **8.** This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No | |

| **9.** Name and Address of Current Registered Agent | **10.** Name and Address of New Registered Agent |
|---|---|
| WAKEFIELD, S. CRAIG<br>920 W EMMETT ST<br>KISSIMMEE FL 34741 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____
Signature, typed or printed name of registered agent and title if applicable.     (NOTE: Registered Agent signature required when reinstating)     DATE _____

| **12.** OFFICERS AND DIRECTORS | | **13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE PD  NAME FRANCK, ROBIN L  STREET ADDRESS 661 IOWA WOODS CIR E  CITY-ST-ZIP ORLANDO FL 32824 | ☐ DELETE | 1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE VSTD  NAME FRANCK, DONALD E  STREET ADDRESS 661 IOWA WOODS CIR E  CITY-ST-ZIP ORLANDO FL 32824 | ☐ DELETE | 2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| 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 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:** _Robin L. Franck_     4/25/96     407 932-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #

CR2E034 (12/95)