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CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

P93000051246 (5) **DOCUMENT #**

 Corporation Name FRANKLIN ASSOCIATES OF PALM BEACH COUNTY, INC. Mailing Address Principal Place of Business 98 SW 10TH DR. 98 SW 10TH DR. **BOCA RATON FL 33486 BOCA RATON FL 33486** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/30/1995 07/22/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0431579 26 21 \$8.75 Additional Suite, Apt # etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032, 23 Country Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **A**1 Name Street Address (P.O. Box Number is Not Acceptable) FRANKLIN, ROBERT T 82 98 SW 10TH DR. 83 **BOCA RATON FL 33486** Zip Code 85 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, byted or printed harne of registerist agent and the maps salst-OFFICERS AND DIRECTORS 12. DELETE 1 1 L.T.LE TITLE 1.2 NAME FRANKLIN, ROBERT T NAME 1.3 STREET ADDRESS 98 SW 10TH DR. STREET ADDRESS 14 Ci! Y-SF 7:P Addition **BOCA RARON FL 33486** OLIVIA V. FRANKLIN 98 S.W. 10th, DRIVE CITY-SI-ZIP Change LETE 2 1 TiTuf TITLE 2.2 NAME FRANKLIN, ROBERT T NAME 2.3 STREET ADDRESS BOCA RATION FL. 33486 98 SW 10TH DR. STREET ADDRESS 2 4 CITY - 51 - ZIP **BOCA RATON FL 33486** Change Addition CITY - ST-ZIP DELETE 3 1 T-TLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City, S1-ZiP Change Addition CHY-ST-719 T L'ELETE 4 1 Title TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Addition CITY - ST - ZIP ☐ Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5/3 STREET ADDRESS STREET ADDRESS 5.4 CHY - S1 - 7IP Change Addition CITY - ST - ZIP 6 1 THILE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City -St - ZiP ned and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further report is true and accurate and that my signature shall have the same legal effect as if made under my was ed to execute this report as required by Chapter 607, Florida Statutes; and that my name CITY-S1-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnish certify that the information indicated on this annual report or supplemental annual cath, that I am an officer or director of the corporation or the receiver or trustee in

SIGNATURE:

appears in Block 12 or

NING OFFICER OR DIRECTOR

inged, or on an attachment with an addr

CP

CR2E034 (12/95)