

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 OCT 23 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P93000056153 (8)**

1. Corporation Name  
**FRANKLIN SUPPLY INC.**

Principal Place of Business  
**1355 W. PALMETTO PARK RD.  
#347  
BOCA RATON FL 33486**

Mailing Address  
**1355 W. PALMETTO PARK RD.  
#347  
BOCA RATON FL 33486**



DO NOT WRITE IN THIS SPACE

|                                |                                |                     |                   |  |  |
|--------------------------------|--------------------------------|---------------------|-------------------|--|--|
| 2. Principal Place of Business |                                | 2a. Mailing Address |                   | 3. Date Incorporated or Qualified<br><b>08/09/1993</b>   | 3a. Date of Last Report<br><b>07/26/1996</b>           |
| 21 <b>450 Fairway Dr. #102</b> | 26 <b>450 Fairway Dr. #102</b> |                     |                   | 4. FEI Number<br><b>65-0429888</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 22 <b>#102</b>                 | 27 <b>#102</b>                 |                     |                   | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 23 <b>Deerfield Beach FL</b>   | 28 <b>Deerfield Beach FL</b>   |                     |                   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 24 <b>33441</b>                | 25 <b>Broward</b>              | 29 <b>33441</b>     | 30 <b>Broward</b> | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**MEYER, LISA H  
1355 W. PALMETTO PARK RD.  
#347  
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

|   |                        |
|---|------------------------|
| 81 Name   | <b>SAME</b>            |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>450 Fairway Dr</b>  |
| 83  | <b>#102</b>            |
| 84 City   | <b>Deerfield Beach</b> |
| 85 Zip Code   | <b>FL 33441</b>        |

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

*Lisa Meyer*

**LISA MEYER**

DATE

**10/17/97**

12. OFFICERS AND DIRECTORS

|                |                                       |                                 |
|----------------|---------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                              | <input type="checkbox"/> DELETE |
| NAME           | <b>MEYER, LISA H</b>                  |                                 |
| STREET ADDRESS | <b>1355 W. PALMETTO PK. RD., #347</b> |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33486</b>            |                                 |
| TITLE          |                                       | <input type="checkbox"/> DELETE |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> DELETE |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> DELETE |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |
| TITLE          |                                       | <input type="checkbox"/> DELETE |
| NAME           |                                       |                                 |
| STREET ADDRESS |                                       |                                 |
| CITY-ST-ZIP    |                                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

**REINSTATEMENT**

**400002332814-5**  
**-10/28/97-01093-005**  
**\*\*\*\*750.00 \*\*\*\*750.00**

14. I do 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 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

*Lisa Meyer*

CR2E034 (4/97)