FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 CMRRR# Z 167 562 930

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000026676 (4)

1. Corporation Name
FRANCHISE DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
~~2101 W COMMERCIAL BLVD~~ ~~STE 1500~~ ~~FT LAUDERDALE FL 33300~~	~~2101 W COMMERCIAL BLVD~~ ~~STE 1500~~ ~~FT LAUDERDALE FL 33300~~

2. Principal Place of Business	2a. Mailing Address
21 201 s. Biscayne Blvd.	26 201 S. Biscayne Blvd.
Suite, Apt. #, etc 22 Suite 2950	Suite, Apt. #, etc 27 Suite 2950
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33131 — Country 25 USA	Zip 29 33131 — Country 30 USA

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0485693 ☐ 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

9. Name and Address of Current Registered Agent

BRONSON, STEVEN N
~~2101 W COMMERCIAL BLVD~~
~~STE 1500~~
~~FT LAUDERDALE FL 33300~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd.
83 Suite 2950
84 City Miami FL 85 Zip Code 33131

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BRONSON, STEVEN		1.2 NAME		
STREET ADDRESS	~~2101 W COMMERCIAL BLVD #1500~~		1.3 STREET ADDRESS	201 South Biscayne Blvd., Suite 2950	
CITY-ST-ZIP	~~FT LAUDERDALE FL 33300~~		1.4 CITY-ST-ZIP	Miami, Florida 33131	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: ____________________ 4/30/96 (305) 536-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)