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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042166 (6)

T.J. FRANKLIN SALES, INC.

Principal Place of Business Mailing Address 4500 HIATUS RD 2951 SUNRISE LAKES DRIVE EAST BLDG. 18 APT. 110 206 SUNRISE FL 33351 SUNRISE FL 33322-1712 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1994 05/21/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 4500 N. HIATUS ROAN 65-0494265 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 SUNRISE City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, BroWARD 🚺 Yes 🗌 No Florida Statutes 24 25 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent 81 Name FRANKLIN, THIERRY 2951 SUNRISE LAKES DRIVE EAST Street Address (P.O. Box Number is Not Acceptable) BLDG. 18 APT. 110 SUNRISE FL 33322 83 84 City 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 posted name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition THEE 1.1 7011.9 FRANKLIN, THIERRY NAME 1.2 NAME R2E034 2951 SUNRISE LAKES DRIVE E. BLDG 18 APT 11 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33322 1.4 CITY - ST- ZIP Cify-St-ZiP Change DELETE 2.1 TITLE Addition TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-2IP CITY-ST-ZIP DELETE ☐ Change Addition 41 TITLE THE 4 2 NAME NAME

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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the objectation 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 chapted or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

4.4 CITY - ST- ZIP

5 1 TITLE

52 NAME

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CHY-ST-7IP

CITY - S1 - ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

197 954 Daytime Phone is

Change

Change

☐ Addition

Addition

FILED

Jan 22 1997 8:00am

Secretary of State