E NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

PROFIT **UURPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042166 (6)

T.J. FRANKLIN SALES, INC.

FILED Feb 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						
4500 HIATUS RD 206 Sunrise Fl 33351		4500 N HATUS ROAD STE 206 SUNRISE FL 33351		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified 06/01/1994		
2. Principal Pl	ace of Business	2a. Mailing Address	h. 1 O s	4. FEI Number	Ar	oplied For
21	<u>, </u>	26 TJ FRAN	Klin Sales	65-0494265		ot Applicable
Sulte, Apt. : 22		Po Box	150040	5. Certificate of Status Desired	Fee Re	Additional equired
City & State	•	City & State	11	6. Election Campaign Financing		May Be
Zip	Country	28 JUNKISE	Country	Trust Fund Contribution 8. This corporation owes or has per		to Fees
24	25	29 33845 3	70 1	Personal Property Tax due June)m/ -	No
	g, Name and Address of Curre		VI DIDWA IN	10. Name and Address of New Ro		
FRANKLIN, THIERRY						
				ess (P.O. Box Number is Not Accepta	ble)	
	OG. 18 APT. 110		On our reade	(i.e. box Humbor is Hot recopia		
SUI	NRISE FL 33322		83			
			84 City		85 Zip (Code
					FL	İ
11. Pursuant 1	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above named corporate	oration submits this statement for the op's board of directors. I hereby acce	purpose of changing it	ts registered
agent. I ar	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Striutes.	ops board of directors. Thereby deep	. / ~ /-	
SIGNATURE	The LERY FRA Signature types or prefered as	NKI N pent and title if approable (NOTE)	ugislared Agent signature require	ed when re-instating)	1/24/9	8
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		
TITLE	D	☐ DELETE	1.1 TITLE		∐ Change	☐ Addition
NAME	Franklin, Thierry		1.2 NAME			
STREET ADDRESS	2951 SUNRISE LAKES DRIVE	E E. BLDG 18 APT 11 C	1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33322		1.4 CITY - ST - ZIP			
TITLE		L_] DELETE	2.1 TITLE		L_ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE .	2 4 C(TY - ST - ZIP 3.1 TITLE		☐ Change	Addition
TITLE			3.2 NAME		C Griange	L_J Addition
NAME STREET ADDRESS			3.3 STREET ADDRESS			
*******			3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	41 TiTLE		Change	Addition
NAME			4. 2 NAME		_ ,	_
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	51 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRFFT ADDRESS			1
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-\$T-ZIP			6.4 CITY - ST - ZIP			
14. I hereby o	ertify that the information supplied v	with this filing does not qualify for	the exemption stated in State and that my signature	Section 119.07(3)(i), Florida Statutes, e shall have the same legal effect as	I further certify that the if made under path: the	information
officer or o	director of the corporation or the or Block 13 if changed, or on minute	ceiver or trustee empowered to exachment with an address.	ecute this report as requ	ired by Chapter 607, Florida Statutes;	and that my name app	pears in