

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000086905 (4)

1. Corporation Name

B. FRANBUCH CORPORATION



Principal Place of Business

Mailing Address

3825 HENDERSON BLVD.  
SUITE 100  
TAMPA FL 33629

3825 HENDERSON BLVD.  
SUITE 100  
TAMPA FL 33629

2. Principal Place of Business

2a. Mailing Address

21 501 BRANDON TRAIL CENTER  
Suite, Apt. #, etc.

26 3126 HILLSIDE LANE  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 BRANDON FL

28 SAFETY HARBOR FL

24 Zip 33511

25 Country Hillsborough

29 Zip 34695

30 Country PINELLAS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3282068

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

10. Name and Address of New Registered Agent

PEREZ, BENIGNO  
3126 HILLSIDE LANE  
SAFETY HARBOR FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and FEI if applicable

NOTE: Registered Agent signature required when the state is

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D PEREZ, BENIGNO  
STREET ADDRESS 3126 HILLSIDE LANE  
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ DELETE

NAME D BUCHMAN, JACOB M  
STREET ADDRESS 3825 HENDERSON BLVD., SUITE 100  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ DELETE

NAME D DEDILLIO, FRANK  
STREET ADDRESS 3825 HENDERSON BLVD., SUITE 100  
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001818064  
-05/13/96--01026--012  
\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)