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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086905

B. FRANBUCH CORPORATION

Principal Place of Business	Mailing Address
3126 HILLSIDE LANE SAFETY HARBOR FL 34695 US	3126 HILLSIDE LA SAFETY HARBOR US

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90089 019 ***150.00



SAFETY HARBOR FL 34695 SAFE		3126 HILLSIDE LANE SAFETY HARBOR FL 34695						
US	•	US				RITE IN THIS S	SPACE	
					 Date Incorporated or Qualif 11/28/1994 	ed		
2. Principal Pl	ace of Business	2a. Mailing Address	. م.		4. FEI Number		Арр	lied For
21 /62/	GULF BLUD	26 / 42 / 6ULA Suite, Apt. #, etc.	= 101	VO	59-3282068	-	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	. П	\$8.75 A	
22 PH -	#	27			5. Certificate of Status Desired		Fee Rec	uired
City & State	ARWATER FL	City & State 28 CLEARWATE.	K .	FL	Election Campaign Financia Trust Fund Contribution	ng 🗆	\$5.00 M Added to	
Zip	Country	Zip	Country		8. This corporation owes the o	current year Inta	ngible	
24 3376	7 25 MELIAS	29 33767 3	0 //4	UEIIAS	Personal Property Tax.		Yes [□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registered Å	gent	
			81		EREZ, CONCEPE			
	EZ, CONCEPCION		82	Street Arte	EREZ, CONCEPC dress (P.O. Box Number is Not Acco	entable)		
	HILLSIDE LANE		"	J. 1	GAI GULF BIL	D PH.	- <i>H</i>	
SAFE	ety Harbor FL 34695		83				-	
			<u> </u>		<u></u>	<u> </u>	lant 32- 0	
			84	City /	EARWATER	FL	85 Zip C	ode 767
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the abov	e-named cor	moration submits this statement for t	the purpose of c	hanging its r	egistered
office or re	egistered agent, or both, in the State o	f Florida. Such change was auti	nonzed by	the corporal	tion's board of directors. I hereby ac	cept the appoint	ment as reg	stered
	m familiar with, and accept the obligation	1/	a Statutes	i.		U.	1. lau	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	enistered Age	nt signature regul	red when reinstating)	DATE	177	i
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE	- F	_		Change	☐ Addition
NAME	PEREZ, CONCEPCION		1.2 NAME	7	PEREZ, CONCEPCION 1421 GULF BIVO P.		•	1
STREET ADDRESS	3126 HILLSIDE LANE		1.3 STREE	TADDRESS	1421 GULF BIVO P.	H-H		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY-S	T. 7IP	CLEARWATER, FL	33767]
TITLE	0/4/2/1/4/4/2011/2/3/600	DELETE	2.1 TITLE	,1-21			☐ Change	Addition
NAME		_	2.2 NAME					
				T ADORESS				i
STREET ADDRESS		•	2.3 3 INCE	1 ALCONEGG (
CITY-ST-ZIP								
TITLE		□ DELETE	2.4 CITY-5	ST- ZIP	i de direction		Channe	☐ Addition
NAME		☐ DELETE	3.1 TITLE	ST-ZIP			Change	☐ Addition
		☐ DELETE	3.1 TITLE 3.2 NAME		Visit (☐ Change	Addition
STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE	TADORESS			Change	☐ Addition
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ì	** w. 395		3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP				
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

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CITY-ST-ZIP

727-596-6057