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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000023623 (8)

1. Corporation Name
INTERNATIONAL FRANCHISE OPPORTUNITIES, INC.

Principal Place of Business

1200 W SR 434
SUITE 212
LONGWOOD FL 32750
US

Mailing Address

1200 W SR 434
SUITE 212
LONGWOOD FL 32750-4957
US



2. Principal Place of Business

21 407 Wekiwa Springs RD
Suite, Apt. #, etc.

22 Suite 245
City & State

23 Longwood, FL

24 Zip 32779

25 Country USA

2a. Mailing Address

26 407 Wekiwa Springs RD
Suite, Apt. #, etc.

27 Suite 245
City & State

28 Longwood, FL

29 Zip 32779

30 Country USA

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

04/23/1996

4. FEI Number

59-3304811

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

DONNA WOODRUFF
1200 W STATE ROAD 434
SUITE 212
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name Albert Clancy

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

407 Wekiwa Springs RD

83 Suite 245

84 City Longwood

FL

85 Zip Code 32779

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SGARLATA, JOSEPH
STREET ADDRESS 1200 WEST S.R. 434, STE. 300
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ DELETE

NAME TEDDER, DAVID H
STREET ADDRESS 1200 WEST S.R. 434, STE. 300
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 407 Wekiwa Springs RD Suite 245

1.4 CITY-ST-ZIP Longwood, FL 32779

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 407 Wekiwa Springs RD Suite 245

2.4 CITY-ST-ZIP Longwood, FL 32779

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

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 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

10.102 (25) 32779

CR2E034 (9/96)