

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 # P95000027116 (9)

1. Corporation Name

FRANSOURCE, INC.



Principal Place of Business

Mailing Address

8000 N. FEDERAL HWY.
BOCA RATON FL 33487

8000 N. FEDERAL HWY.
BOCA RATON FL 33487

3. Date Incorporated or Qualified

3a. Date of Last Report

04/05/1995

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUGENT, BRIAN M
106 E. COLLEGE AVE.
SUITE 1200
TALLAHASSEE FL 32301

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Collin Farmer	
STREET ADDRESS	8000 N. Federal Highway	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Vice President & D	<input type="checkbox"/> DELETE
NAME	Paul M. Byrrell	
STREET ADDRESS	8000 N. Federal Highway	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Robert E. Tomlinson	
STREET ADDRESS	8000 N. Federal Highway	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Secretary & D	<input type="checkbox"/> DELETE
NAME	Lawrence H. Schubert	
STREET ADDRESS	8000 N. Federal Highway	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Alan E. Schubert	
STREET ADDRESS	8000 N. Federal Highway	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Louis A. Morelli	
STREET ADDRESS	8000 N. Federal Highway	
CITY-ST-ZIP	Boca Raton, FL 33487	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

600001833966

05/22/96-01021-008

***200.00

7/6

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

President

3/11/96 (407) 997-5000 x267

Date

Display Phone #

CR2E034 (12/95)