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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000027116 (9)**

1. Corporation Name
FRANSOURCE, INC.



Principal Place of Business 8000 N. FEDERAL HWY. BOCA RATON FL 33487	Mailing Address 8000 N. FEDERAL HWY. BOCA RATON FL 33487-1620
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3. Date Incorporated or Qualified 04/05/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1144 E. Newport Center Drive Suite, Apt. #, etc.	2a. Mailing Address 26 1144 E. Newport Center Drive Suite, Apt. #, etc.	4. FEI Number 65-0652410	Applied For ☐ Not Applicable
22 City & State Deerfield Beach FL	27 City & State Deerfield Beach FL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
23 Zip 33442	25 Country USA	28 Zip 33442	30 Country USA
24 33442		29 33442	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Paul M. Burrell	85 Zip Code 33442
82 Street Address (P.O. Box Number is Not Acceptable) 1144 E. Newport Center Drive	
83 City Deerfield Beach FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	☒ DELETE
NAME FARMER, COLLIN	
STREET ADDRESS 8000 N. FEDERAL HWY.	
CITY-ST-ZIP BOCA RATON FL 33487	
TITLE V/D	☐ DELETE
NAME BURRELL, PAUL M.	
STREET ADDRESS 8000 N. FEDERAL HWY.	
CITY-ST-ZIP BOCA RATON FL 33487	
TITLE T	☐ DELETE
NAME TOMLINSON, ROBERT E.	
STREET ADDRESS 8000 N. FEDERAL HWY.	
CITY-ST-ZIP BOCA RATON FL 33487	
TITLE S/D	☐ DELETE
NAME SCHUBERT, LAWRENCE H.	
STREET ADDRESS 8000 N. FEDERAL HWY.	
CITY-ST-ZIP BOCA RATON FL 33487	
TITLE D	☐ DELETE
NAME SCHUBERT, ALAN E.	
STREET ADDRESS 8000 N. FEDERAL HWY.	
CITY-ST-ZIP BOCA RATON FL 33487	
TITLE D	☐ DELETE
NAME MORELLI, LUIS A.	
STREET ADDRESS 8000 N. FEDERAL HWY.	
CITY-ST-ZIP BOCA RATON FL 33487	

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	President & Director
2.3 STREET ADDRESS	1144 E. Newport Center Drive
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	1144 E. Newport Center Drive
3.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	1144 E. Newport Center Drive
4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	1144 E. Newport Center Drive
5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	Louis A. Morelli
6.3 STREET ADDRESS	1144 E. Newport Center Drive
6.4 CITY-ST-ZIP	Deerfield Beach, FL 33442

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Burrell

1/9/97 (954) 488-6428