

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 03 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000029565 (5)  
 1. Corporation Name

FRANKLIN ARMS COURT, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2507 BLIND PASS COURT SANIBEL ISLAND FL 33957	Mailing Address 2507 BLIND PASS COURT SANIBEL ISLAND FL 33957
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3. Date Incorporated or Qualified 04/10/1985	4. FEI Number 36-2795406	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 2423 FIRST STREET 22 Suite, Apt. #, etc.	2a. Mailing Address 26 2423 FIRST STREET 27 Suite, Apt. #, etc.	23 City & State FT. MYERS, FLORIDA	28 City & State FT. MYERS, FLORIDA
24 Zip 33901	25 Country USA	29 Zip 33901	30 Country USA

9. Name and Address of Current Registered Agent ECONOMOU, JAMES S 2507 BLIND PASS COURT SANIBEL ISLAND FL 33957	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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10. Name and Address of New Registered Agent
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ECONOMOU, JAMES S 2507 BLIND PASS COURT SANIBEL ISLAND FL 33957	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP	STEVE J. ECONOMOU 3412 W MAIN ST SKOKIE IL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS	THOMAS V. ECONOMOU 3412 W MAIN ST SKOKIE IL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT	JOHN W. ECONOMOU 3412 W MAIN ST SKOKIE IL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: *[Signature]* THOMAS V. ECONOMOU

AUG 10, 1998 941-334-8039

CR2E034 (5/98)