05151999-90006-013-$158.75-$158.75

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 29 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

51519990006013 $158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000041906

1. Corporation Name
FRANCHISE DEVELOPMENT ENTERPRISES, INC.

Principal Place of Business
17623 HOMESTEAD AVE.
MIAMI FL 33157

Mailing Address
17623 HOMESTEAD AVE.
MIAMI FL 33157

3. Date Incorporated or Qualified: 05/30/1995

4. FEI Number: 65-0587710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

GALLEGOS, MARK S ESQ
2973 S.W. 27TH AVE.
GROVE FOREST PLAZA, SUITE 301
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: John A. Hall
82 Street Address (P.O. Box Number is Not Acceptable): 17623 Homestead Ave.
83
84 City: Miami, FL 85 Zip Code: 33157

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 John A. Hall John A. Hall, Chairman 4/26/99
Signature, typed 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	D/P ☒ DELETE	1.1 TITLE	D/C ☒ Change ☐ Addition
NAME	MCLEAN, GENE W	1.2 NAME	John A. Hall
STREET ADDRESS	80 SW 8TH STREET, SUITE 2400	1.3 STREET ADDRESS	17623 Homestead Ave.
CITY-ST-ZIP	MIAMI FL 33130	1.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: John A. Hall John A. Hall, Chairman John A. Hall 4/26/99 (305) 969-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

KE