SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000077690 (2)

1. Corporation Name
FRANCO PAOLO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O DEUSCHLE & ASSOCIATES. P.A. 800 S.E. THIRD AVENUE. SUITE 500 FT. LAUDERDALE FL 33316	C/O DEUSCHLE & ASSOCIATES. P.A. 800 S.E. THIRD AVENUE. SUITE 500 FT. LAUDERDALE FL 33316

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

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

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report:
4. FEI Number: 65-0612790 ☐ 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**
HALE, CHRISTOPHER D ESQUIRE
C/O DEUSCHLE & ASSOCIATES, P.A.
800 S.E. THIRD AVENUE, SUITE 500
FT. LAUDERDALE FL 33316

10. **Name and Address of New Registered Agent**
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 ____________ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	HALE, CHRISTOPHER D	
STREET ADDRESS	800 SE 3RD AVENUE, SUITE 500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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	PRESIDENT/DIRECTOR	☐ Change ☒ Addition
1.2 NAME	ARLENE SPERTUS MD	
1.3 STREET ADDRESS	215 NE 16 AVENUE	
1.4 CITY-ST-ZIP	POMPANO BEACH FL. 33060	
2.1 TITLE	VICE-PRESIDENT/DIRECTOR	☐ Change ☒ Addition
2.2 NAME	IRENE SORTINO	
2.3 STREET ADDRESS	211 NE 15 AVENUE	
2.4 CITY-ST-ZIP	POMPANO BCH, FL 33060	
3.1 TITLE	SECRETARY	☐ Change ☒ Addition
3.2 NAME	JOHN SORTINO MD	
3.3 STREET ADDRESS	215 NE 16 AVENUE	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL, 33060	
4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
4.2 NAME	ANGELO ELIA	
4.3 STREET ADDRESS	4430 NE 25th AVENUE	
4.4 CITY-ST-ZIP	FT. LAUDERDALE FL, 33308	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arlene Spertus MD president — 6/17/96 (954) 568-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/96)