

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 # P95000090826 (5)

1. Corporation Name

FRANCHISE INNOVATIONS, INC.



Principal Place of Business

6401 SW 87 AVE. SUITE 210
MIAMI FL 33173

Mailing Address

6401 SW 87 AVE. SUITE 210
MIAMI FL 33173

2. Principal Place of Business

21

Suite, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

MCKEAN, STEVEN A
6401 SW 87 AVE, SUITE 210
MIAMI FL 33173

3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

4. FEI Number

65-0640381

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

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 637.05(2) 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.1506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer or director

(NOTE: Reg. No. 14 is required for all corporations registering)

4/16/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
MCKEAN, STEVEN A
6401 SW 87 AVE, SUITE 210
MIAMI FL 33173

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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26. TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

305-274-1742

CR2E034 (12/95)