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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN 29 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063655 (0)

1. Corporation Name
FRANCHISE MENTORS, INC.



Principal Place of Business

20869 DINAR TRAIL
BOCA RATON FL 33433
US

Mailing Address

20869 DINAR TRAIL
BOCA RATON FL 33433
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1996

4. FEI Number

65-0702742

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 20869 PINAR TRAIL

Suite, Apt. #, etc.

22 City & State
BOCA RATON FL

24 Zip
33433

25 Country
US

2a. Mailing Address

26 20869 PINAR TRAIL

Suite, Apt. #, etc.

27 City & State
BOCA RATON FL

29 Zip
33433

30 Country
US

9. Name and Address of Current Registered Agent

FISCHER, HENRY
20869 DINAR TRAIL
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

20869 PINAR TRAIL

83

84 City

BOCA RATON

FL

85 Zip Code

33433

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 *Henry J. Fischer*

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FOX, RICHARD C
STREET ADDRESS 3401 LAKEVIEW DR
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME FOX, RICHARD C
1.3 STREET ADDRESS P.O. Box 1097
1.4 CITY-ST-ZIP FIELDS, NY 87552

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME FISCHER, HENRY
2.3 STREET ADDRESS 20869 PINAR TRAIL
2.4 CITY-ST-ZIP BOCA RATON FL 33433

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 3000002578343-51
3.4 CITY-ST-ZIP -07/01/93--01103--019
*****150.00 *****150.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 *Henry J. Fischer* *Harvey J. Fischer* *22 June 98* *561-483-6335*

CR2E034 (10/97)