FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064363

1. Corporation Name

FRAN F., INC.

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90045 020 ***150.00

Principal Place	of Business	Mailing Address			Light the last a with past and and a with a
7610 MARBLEHEAD CT 7610 MARBLEHEAD CT					
PARKLAND FL 33067 PARKLAND FL 33067					DO NOT WRITE IN THIS SPACE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
ļ					9 ,
- 5: : 15		La Mailine Address			07/31/1996 4 FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address			ا برداه	7.J. A	
10.1			my v	<u>ilub D</u>	\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 Men	TO C. F.C.	Zip	Country		
□ □ .1CV □ a a 10A □			Country _,	-	8. This corporation owes the current year Intangible Personal Property Tax.
24 <u>531</u> 8	25 USA		T		10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent				Name	IV. Harrie and Harrison of Host Hog
BRUNO, DEBBY					
7610 MARBLEHEAD CT			82 Street Address (P.O. Box Number is Not Acceptable)		
PARKLAND FL 33067			83		
I MIND THE COOK			03		
			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					
11. Pursuant to the provisions of Sections of 1.002 and 607.1005, Florida Statutes, the abovernance Corporation's board of directors. I hereby accept the appointment as 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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig				t signature requir	
12.	OFFICERS AND		13.	Q.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ☐ Addition
TITLE	D	1	1.1 TTLE	1	
NAME	FOIGEL, FRAN		I.2 NAME	1.	O'Ser 15 Country Club Dr. Sol
STREET ADDRESS	7610 MARBLEHEAD CT	1	I.3 STREET	ADDRESS A	0200 W. COO 02-1 -101 D. 1 200
CITY-ST-ZIP	PARKLAND FL 33067		I.4 CITY-S	r-ZIP	Nentura FC 33180
TITLE	•	☐ DELETE 2	2.1 TITLE		Change Addition
NAME		1	2.2 NAME		
STREET ADDRESS		2	2.3 STREET	ADDRESS	•
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	
TITLE		☐ DELETE 3	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		1:	3.3 STREET	ADDRESS	

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 charged, or on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TTLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

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☐ Change

☐ Change

☐ Change

Addition

☐ Addition

☐ Addition