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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085556 (4)

1. Corporation Name

FRANKLIN NATIONAL ADVISORS, INCORPORATED

Principal Place of Business

Mailing Address

1550 MCMULLEN BOOTH ROAD, STE. F-3
CLEARWATER FL 34619

1550 MCMULLEN BOOTH ROAD, STE. F-3
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3837 Northdale Blvd.		26 3837 Northdale Blvd.		10/16/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 183		27 Suite 183		59-3404548	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tampa FL		28 Tampa FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	
24 33624		29 33624		30 USA	
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, JERRY F
1550 MCMULLEN BOOTH ROAD, STE. F-3
CLEARWATER FL 34619

81 Name	C.A. Bowden
82 Street Address (P.O. Box Number is Not Acceptable)	3837 Northdale Blvd. Suite 183
83	
84 City	Tampa
85 Zip Code	FL 33624

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

C.A. Bowden

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/23/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST
NAME	ZEBROWSKI, WALTER C	1.2 NAME	Zebrowski, Walter
STREET ADDRESS	1550 MCMULLEN BOOTH ROAD, STE. F-3	1.3 STREET ADDRESS	3837 Northdale Blvd., Suite 183
CITY-ST-ZIP	CLEARWATER FL 33759	1.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

Walter Zebrowski

Walter Zebrowski 2/23/98 813 288 1001

CP2E034 (10/97)