

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

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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000085556

1. Corporation Name
 FRANKLIN NATIONAL ADVISORS, INCORPORATED



Principal Place of Business
 3837 NORTHDAL BLVD
 STE 183
 TAMPA FL 33624
 US

Mailing Address
 3837 NORTHDAL BLVD
 183
 TAMPA FL 33624
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1996	
2. Principal Place of Business 21 3837 Northdale Blvd Ste 183 Tampa FL 33624	2a. Mailing Address 26 533 South Howard Ave PM B B-28 Suite 8 Tampa FL 33607
4. FEI Number 59-3404548	Applied For <input type="checkbox"/> No <input type="checkbox"/> Yes
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Suite, Apt. #, etc. 22 STE 200	27. Suite, Apt. #, etc. PM B B-28 SUITE 8
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	28. City & State Tampa FL
23. City & State Tampa FL	29. Zip 33607
24. Zip 33607	30. Country USA
25. Country USA	

9. Name and Address of Current Registered Agent
~~BOWDEN, C A
 3837 NORTHDAL BLVD
 STE 183
 TAMPA FL 33624~~

10. Name and Address of New Registered Agent
 81 Name ERIN KEENAN
 82 Street Address (P.O. Box Number is Not Acceptable) 3001 N. ROCKY POINT BLVD
 83 STE 200
 84 City Tampa FL 85 Zip Code 33607

11. Pursuant to the provisions of Sections 607.050 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: Erin Keenan *Erin Keenan* DATE: 4/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEBROWSKI, WALTER C	1.2 NAME	
STREET ADDRESS	3837 NORTHDAL BLVD STE 183	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Walter C Zebrowski* DATE: 4/19/99 DAYTIME PHONE #: 813 202 2010

CR2E034 (11/98)