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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000085561 (4)

THE FRANKLIN GROUP, INC.

## FILED Mar 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2020 DADY DL BOCA RATON FL 33486 **BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1996 4. FEI Number 2. Principal Place of Business 26. Mailing Address Applied For 26 682 682 Cover try Not Applicable 21 65-0709670 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May 8e 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRUPP, MICHAEL 2000 PARKET Street Address (F.O. Box Number is Not Acceptable) STARET **B2** BOCA RATON FL SENER 83 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE GRUPP, MICHAEL 1.2 NAME NAME 2000 PARKPL 682 Coventry St -1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33488**-CITY-ST-ZIP 1.4 C(TY - ST - Z(P) Change Addition TITLE 2.1 TITLE NAME GRUPP, KATHRYN 2030 PARK PL 23 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** 2 4 CITY-S1-ZIP CITY-ST-ZIP DELFTE Change Addition 3 1 TITEF TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TATLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 suppliencing advantage entries 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 control along or the regristry or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or Apply of the production with an address.

CIGNATURE.

Miller E Gover Posice

2.28-9

(41)706-5330