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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000092332 (1)

1. Corporation Name

AMERICAN FRANCHISING CENTERS, INC.



Principal Place of Business

ONE PARK PLACE
621 NORTHWEST 53RD ST., SUITE 450
BOCA RATON FL 33487

Mailing Address

ONE PARK PLACE
621 NORTHWEST 53RD ST., SUITE 450
BOCA RATON FL 33487-8238

3. Date Incorporated or Qualified

11/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0711591

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FLOEGEL, JOHN M.
ONE PARK PLACE
621 NORTHWEST 53RD ST., SUITE 450
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name NEESA B. Warlen
82 Street Address (P.O. Box Number is Not Acceptable)
621 NW 53rd St.
83 Suite 450
84 City Boca Raton FL 85 Zip Code 33487

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Neesa B. Warlen
4/3/97

12. OFFICERS AND DIRECTORS

TITLE	D	WEISSMAN, MICHAEL	DELETED
NAME		621 NORTHWEST 53RD ST., SUITE 450	
STREET ADDRESS		BOCA RATON FL 33487	
CITY - ST - ZIP			
TITLE	D	WEISSMAN, RICHARD	DELETED
NAME		621 NORTHWEST 53RD ST., SUITE 450	
STREET ADDRESS		BOCA RATON FL 33487	
CITY - ST - ZIP			
TITLE	D	FLOEGEL, JOHN M	DELETED
NAME		621 NORTHWEST 53RD ST., SUITE 450	
STREET ADDRESS		BOCA RATON FL 33487	
CITY - ST - ZIP			
TITLE	D	RUBIN, GARY	DELETED
NAME		621 NORTHWEST 53RD ST., SUITE 450	
STREET ADDRESS		BOCA RATON FL 33487	
CITY - ST - ZIP			
TITLE	D	PRYOR, THAD	DELETED
NAME		621 NORTHWEST 53RD ST., SUITE 450	
STREET ADDRESS		BOCA RATON FL 33487	
CITY - ST - ZIP			
TITLE	D	SANDLER, ANDREW	DELETED
NAME		621 NORTHWEST 53RD ST., SUITE 450	
STREET ADDRESS		BOCA RATON FL 33487	
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard S. Weissman

4-10-97 (561) 994-6226

Date

Day-No Phone #

CR2E034 (9/96)