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Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
WARLEN, NEESA B
621 NW 53RD ST.
SUITE 450
BOCA RATON FL 33487

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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: Type or print name of person signing. Expand and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

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	800002544378	
5.3 STREET ADDRESS	-06/02/98--01031--042	
5.4 CITY-ST-ZIP	***2400.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6 JP

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

CR2E034 (10/97)