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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700003684

1, Corporatio	n Name				77.77
Franklin P.B. Enterprises, Inc.				Later the STATE	
				e na di beri kedin kadin da iki da ke emiki da iki	THE THE THIRD BROKE HARRI BIRLINA IN
Principal Plac	e of Business	Mailing Address	•	T PRETITE TO FUTUR PORT OF THE RESIDENCE OF THE PROPERTY OF TH	ADIDO IIITO DIIGI IDIII DIGI EDVI
5841 CORPORA	ATF WAY	5841 CORPORATE WAY			
SUITE 106 SUITE 106					
W. PALM BEACH FL 33407 W. PALM BEACH FL 33407				DO NOT WRITE IN THIS	SPACE
				Date Incorporated or Qualified	
) 01/14/1997	
2. Principal Place of Business 2a. Mailing Address			i	4. FE® Number	Applied For
21 277	o whileway for	036 2770 Whe	Le home da	ne_ APPLIED FOR	Not Applicable
——		Suite, Apt. #, etc		5, Certificate of Status Desired []	\$8.75 Additional
27				1	Fee Required
City & State City & State			151	6. Election Campaign Financing	\$5.00 May Be
23 كىمى كى يىلى (23	Country	28 1 80m B	each, 1	Trust Fund Contribution	Added to Fees
コネタル	1. A [1 /A	33110A	1 / / / A	8. This corporation owes the current year In	tangible [TYes [TNo
24 7 7 9	9. Name and Address of Current	29 37409 3	usy	Personal Property Tax 10. Name and Address of New Registered	
	g. Hame and Address of Correll	Registered Agent	81 Name	10, Name and Address of New Registered	Agent
SIMI	MONS, M O				
	CORPORATE WAY		82 Street Add	ress (P.O. Box Number is Not Acceptable)	0
SUITE 106			83	io while wing or	ane
	ALM BEACH FL 33407			•	
			B4 City	$Q\lambda$, Q , A	85 Zin Code
44 Burguant	to the provisions of Sections 607 0503	and 607 1509 Florida Statutos		poration submits this statement for the purpose of	- 37109
office or r	egistered agent, or both, in the State of	of Florida, Such change was auth	orized by the corporate	on's board of directors. Thereby accept the appoi	intiment as registered
-	m familiar with, and accept the obligation	. 4	a Statules.	0 1	1
SIGNATURE	Signature, typed or printed name of registered agent	2004	gistered Age (1 signatural equi)	no Simmons) 41:	18/99
12.	OFFICERS AND	many and the Company of the Company	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P	DELETE	11701.6	Proper dent	[Change [Addition
NAME	SIMMONS, M O		1.2 NAME	mp 51mmors	- 0
STREET ADDRESS	5841 CORPORATE WAY		13 STREET ADDRESS	2770 White We	ng dane
CITY-ST-ZIP	W. PALM BEACH FL 33407		14 CHY-\$1-ZIP	Ist Rolan Breech	1 5/33/04
TITLE		[] DELETE	2 t TricE	Co. Varie Gara	[Change [] Addition
NAME			22 NAME		
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OTY-ST-ZIP			2 4 CiTY+51+7iF*	-05/07/99	
TITLE		["] DELETE	31 TITLE	****750.00	Change Add on
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-21F		
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CITY-ST-ZIP			4.4 City-ST-ZiP		
TITLE		[] DELETE	5170LE		[] Change [] Addition
NAME			57 NAME		
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C/TY-ST-ZIP	}		54 CiTY-S1-ZiP		^
TITLE		☐ D€LETE	61 TITLE		[Change Addition
NAME			62 NAME		~\\Z_\(\alpha\)
STREET ADDRESS			63 STREET ADDRESS		2/9/
000	1		64 C(EV. \$1. 2(D)		יש

14. Thereby 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 chapted, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP