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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000079933**1. Corporation Name

FRANPAOLO, INC.

Principal Place of Business	Mailing Address	
7289 GARDEN ROAD SUITE 205	7289 GARDEN ROAD Suite 205	
WEST PALM BEACH FL 33404	WEST PALM BEACH FL 33404	

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90039 012 ***158.75

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e of Business	Mailing Address				
ROAD	7289 GARDEN ROAD				
	SUITE 205				
EACH FL 33404	WEST PALM BEACH FL 3340)4			
			3. Date Incorporated or Qualifed 09/16/1997		
ace of Business	2a. Mailing Address		4, FEI Number	L A	pplied For
	26		65-0789608	N	ot Applicable
#, etc.	Suite, Apt. #, etc.		E Cortificate of Status Desired	TA	Additional
	27		J. Commonto en citata per a citata com a cit	, Fee R	equired
e	City & State		6. Election Campaign Financing	1 1	May Be
	28		Trust Fund Contribution	Added	to Fees
Country	Zip	Country	8. This corporation owes the cur		
25	293	10	Personal Property Tax.		□No
9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent	
NUTRARE LANGUENCE V			I NORRIS SCHE	REK. WEN	SERLETS!
		82 Street Addr	ess (P.O. Box Number is Not Accept	able)	
		712	U.S. HIGHWAY	ONE	
		83	· · · · · · · · · · · · · · · · · · ·		
1 PALM BEACH FL 33484	r) ////	OA City		95 7in	Code -
	/	Noart	+ PALM ISEACH	トレーーろ	スひひる
to the provisions of Sections 60/.0502	and 607.1508, Elorida Statutes	, the above-named corp	oration submits this statement for the	purpose of changing it	s registered
egistered agent or both, in the State of	of Florida, Such change was aut	horized by the corporation	on's board of directors. I hereby acce	pt the appointment as re	egistered
That will and add to be bounged					.
	1 171 \ V \ X \ \ \				L
X MXX	104	egistered Agent signature require		DATE	
1 Juxx	and tile if applicable. (NOTE: R				
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The filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information 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 ever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in coment with an address, with all other the empowered. 14. I hereby certify that the information supplindicated on this annual report of supplindicated or director of the corporation of the Block 12 or Block 13 if change of or on an

SIGNATURE:

TUNE ESQUIRED ED NAME OF SIGNING OFFICER OR DIRECTOR

561-842-9333