

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90035 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000031800

1. Corporation Name
FRAN CON, INC.

Principal Place of Business

**8220 WEST STATE ROAD 84
SUITE 301
DAVIE FL 33324**

Mailing Address

**8220 WEST STATE ROAD 84
SUITE 301
DAVIE FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

4. FEI Number

65-0829005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

FRAN CON, INC.

Suite, Apt. #, etc.

**8220 WEST STATE ROAD 84
SUITE 301
DAVIE FL 33324**

City & State

DAVIE FL 33324

Zip

33324

Country

USA

2a. Mailing Address

FRAN CON, INC.

Suite, Apt. #, etc.

**8220 WEST STATE ROAD 84
SUITE 301
DAVIE FL 33324**

City & State

DAVIE FL 33324

Zip

33324

Country

USA

9. Name and Address of Current Registered Agent

WEINBERG, STEVEN A ESQ.

8000 PETERS ROAD

PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D HEFFLEY, ALBERT II
STREET ADDRESS	8220 WEST STATE ROAD 84, #301
CITY-ST-ZIP	DAVIE FL 33324
TITLE	<input type="checkbox"/> DELETE
NAME	D DEL RASH, JACKSON
STREET ADDRESS	8220 WEST STATE ROAD 84, #301
CITY-ST-ZIP	DAVIE FL 33324
TITLE	<input type="checkbox"/> DELETE
NAME	D REY, FERNANDO
STREET ADDRESS	8220 WEST STATE ROAD 84, #301
CITY-ST-ZIP	DAVIE FL 33324
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

954-472-4333
Daytime Phone #

CR25034 1/1/99