

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000034879

1. Corporation Name

FRANKLIN RESOURCE SYSTEMS, INC.

Principal Place of Business

240 N. WASHINGTON BLVD.
SUITE 325
SARASOTA FL 34236

Mailing Address

P.O. BOX 4234
SARASOTA FL 34230-4234

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

QUICKER, MICHAEL J ESQ.,
240 N. WASHINGTON BLVD.
SUITE 325
SARASOTA FL 34236

3. Date Incorporated or Qualified

04/16/1998

4. FEI Number

65-0828802

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 the current year Intangible

Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

LINDA LOEWENSTERN, C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

6621 SUPERIOR AVE.

83

84 City

SARASOTA

FL

85 Zip Code

34231

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

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

(NOTE: Registered Agent signature required when reinstating)

2/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME QUICKERS, MICHAEL J ESQ.
STREET ADDRESS 240 N. WASHINGTON BLVD. SUITE 325
CITY-ST-ZIP SARASOTA FL 34236

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D P
LILA M. BEYCHOK-BOYER
2470 GOLD OAK CT.
SARASOTA FL 34232

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 upon an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 18, 99 941-379689

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90150 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)