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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999/2000 NR		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT# P98000039667			
1. Corporation Name FRANCO ENTERPRISES, INC.			
Principal Place of Business 3471 N. FEDERAL HWY. STE. 603 FT. LAUDERDALE FL 33306-1019		Mailing Address 3471 N. FEDERAL HWY. STE. 603 FT. LAUDERDALE FL 33306-1019	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 10 AM 8:50
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2. Principal Place of Business 2501 E. Commercial Blvd Suite 212 Fort Lauderdale 33308 Country: Broward		2a. Mailing Address 26 P.O. Box 24408 Suite, Apt. #, etc. 27 City & State 28 Fort Lauderdale Zip 29 33307-4408 Country 30 Broward		3. Date Incorporated or Qualified 04/30/1998	
				4. FEI Number 65-0838677 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FRANCO, ROBERT 3471 N. FEDERAL HWY. STE. 603 FT. LAUDERDALE FL 33306-1019				10. Name and Address of New Registered Agent 81 Name Robert Franco 82 Street Address (P.O. Box Number is Not Acceptable) 2501 E. Commercial Blvd 83 Suite 212 84 City Fort Lauderdale FL 85 Zip Code 33308	

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.

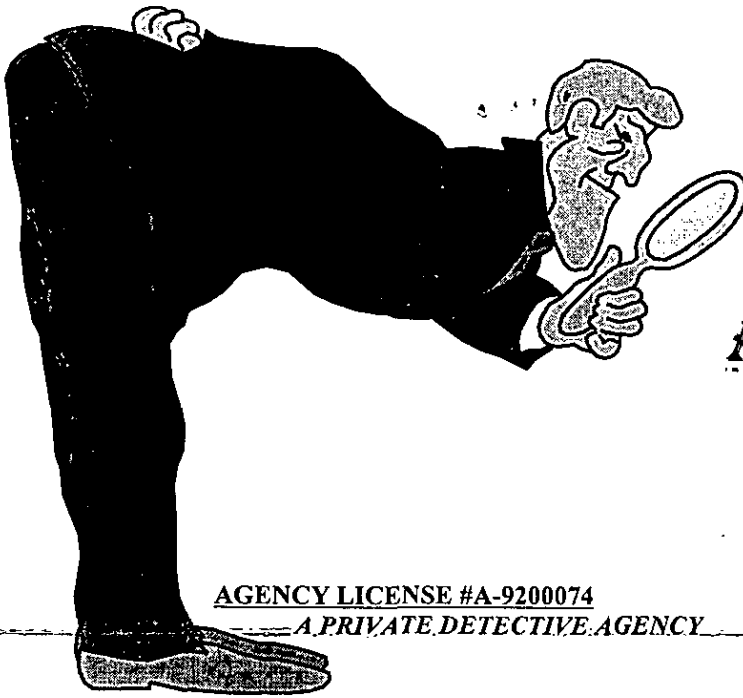
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	FRANCO, ROBERT		
STREET ADDRESS	3471 N. FEDERAL HWY. STE. 603		
CITY-ST-ZIP	FT. LAUDERDALE FL 33306-1019		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS	2501 E. Commercial Blvd #212		
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	500003321605--7		
2.3 STREET ADDRESS	-07/13/00--01007--008		
2.4 CITY-ST-ZIP	****150.00 ****150.00		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	500003321605--7		
3.3 STREET ADDRESS	-07/13/00--01007--009		
3.4 CITY-ST-ZIP	****150.00 ****150.00		
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			

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:	52400 984938-9610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

CR2E034 (5/99)

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N.E.F.
&
ASSOCIATES

P.O. BOX 24408
FORT LAUDERDALE, FL 33307
(954) 771 - 5476
(954) 938 - 0563

AGENCY LICENSE #A-9200074
A PRIVATE DETECTIVE AGENCY

May 24, 2000

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: P98000039667

To whom it may concern:

The reason for this late filing for the year 1999 is because for the past 2 1/2 years I HAVE BEEN 100 % disabled due to an automobile accident.

Please except my apology and reinstate my corporation again for the year 2000.

Should you need any other information please feel free to contact me.

Sincerely,


Robert Franco