PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	P98000053273
DOCUMEN 1 #	P98000053273

FRAN FINANCIAL SERVICES, INC.

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90001 028 ***150.00



	OINT DR., STE, 660	2502 ROCKY POINT OR., STE TAMPA FL 33607	. 660					
TAMPA FL 3360	or .	IMMEN EL SSOUE	•		DO NOT WR	ITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed			
					06/11/1998		,	
a Principal P	lace of Business	2a. Mailing Address			△ FEI Number		i Ap	olied For
2. Principal P	IECE OF BUSINESS	26					- T	Applicable
	# etc	Suite, Apt. #, etc.					\$8.75 A	dditional
22					5. Certificate of Status Desired	~ <u> </u>	Fee Re	quired_
City & Stat	·	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution	🗆	Added to	
Zip	Country	Zip	Country		a. This corporation owes the cur	rent year In	tangible	
— ·	[25]	29 3	7		Personal Property Tax.			□No
24	g. Name and Address of Curre	<u>,,, \</u>	*		10. Name and Address of New I	Registered	Agent	
	g. Haine and Accides C. Curio	in reality and reality	81 N	lame				
RED	ore, robert j							
	24 EAGLES WALK DR.		82 S	Street Addre	ess (P.O. Box Number Is Not Accept	able)		
,	ARWATER FL 33762		83					
CLE	ANYATEN FL 33702		6-3					
			84 0	City		FI	85 Zip C	ode
						, ,	-	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-na	amed corpo	oration submits this statement for the on's board of directors. I hereby acce	purpose o	if changing its	registered
office or r	egistered agent, of both, in the State im familiar with, and accept the oblig-	of Florida, Such change was autoations of, Section 607.0505, Florid	nonzeo by ure la Statutes.	corporatio	or s board or directors. Thereby acce	pr are oppo	MIGHER BS 101	
	11) (B) ((()))							
					•			
SIGNATURE	Singura to broad or printed name of registered and	ant and title if applicable. INOTE: R	egistered Agent sig	mature required	d when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age			mature required			ND DIRECTO	RS IN 12
SIGNATURE	OFFICERS A	ND DIRECTORS	egistered Agent sig	meture required	d when reinstating) ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
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report is rule and accurate and that my signature shall have the same legal effect as it made under cath; that I am are ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ith an address, with all other like empowered.