PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000067815 TO FRANCHISING, INC.

Principal Place of Business

Malting Address

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

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5002 S MACDILL AVE 5002 S MACDILL AVE TAMPA FL 33611 TAMPA FL 33611 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/30/1998 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3526827 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country Country This corporation owes the current year intangible Zip Personal Property Tax. ☐ Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name agri, Jonathan S Street Address (P.O. Box Number is Not Acceptable) 5002 S MACDILL AVE **TAMPA FL 33611** 85 Zip Code City 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

re, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 - OFFICERS AND DIRECTORS Addition □ DELETE Change 1.1 TITLE mlE PRESIDENT JONATHAN AGKI 12 NAME NAME 2802 North Pointe La. 1.3 STREET ADDRESS STREET ADORESS 33611 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TILE 2.1 TTTLF 22 NAME NAME 23 STREET ADDRESS STREET ADDRES 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 337006 TILE 32 NAME NAME 11 STREET AMORES STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TILE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TIME 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 81 III F Change Addition DELETE 770 F R 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further cartify 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 Plate 12 or Block 13 or Block 13 or Block 13 or Block 14 or Block 15 or Block officer or director of the corporation or the receiver or trustee empowered to execute this report as re Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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813- 902-8226