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Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90095 037 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT #: P98000073863

1. Corporation Name

FRANCIS & ASSOCIATES INC.

Principal Place of Business

8340 N.E. 2ND AVENUE  
SUITE 225  
MIAMI FL 33138

Mailing Address

8340 N.E. 2ND AVENUE  
SUITE 225  
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number

65-0862140

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

2. Principal Place of Business

21 8358 NE 2ave

Suite, Apt. #, etc.

22

23 City & State Miami FL

24 Zip 33138 25 Country USA

2a. Mailing Address

26 8358 NE 2ave

Suite, Apt. #, etc.

27

28 City & State Miami FL

29 Zip 33138 30 Country USA

9. Name and Address of Current Registered Agent

BROWN, SANDRA F  
8340 N.E. 2ND AVENUE  
SUITE 225  
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name Sandra F. Brown

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

83 8358 NE 2ave

84 City Miami

FL

85 Zip Code 33138

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.

Sandra F. Brown

3/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME BROWN, SANDRA F

STREET ADDRESS 220 N.E. 44TH STREET

CITY-ST-ZIP MIAMI FL 33137

TITLE SD

NAME DORVIL, MARLENE

STREET ADDRESS 8340 N.E. 2ND AVENUE, SUITE 225

CITY-ST-ZIP MIAMI FL 33138

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, on 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 #