


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).

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90005 004 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000079718
1. Corporation Name
THE COUPON COMPANY

Principal Place of Business
**3721 LIBERTY SQUARE
FORT MYERS FL 33908**

Mailing Address
**3721 LIBERTY SQUARE
FORT MYERS FL 33908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.:
22

Suite, Apt. #, etc.:
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
Applied For
☒ 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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132**

10. Name and Address of New Registered Agent

81 Name **JAMES VAN FRANEY**

82 Street Address (P.O. Box Number is Not Acceptable)
3721 LIBERTY SQ.

83

84 City **FT. MYERS** **FL** 85 Zip Code **33908**

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 *James Van Franey*
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** ☐ DELETE

NAME **VAN FRANEY, JAMES**

STREET ADDRESS **3721 LIBERTY SQUARE**

CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☐ DELETE

NAME **FRANEY, PATRICK K**

STREET ADDRESS **3721 LIBERTY SQUARE**

CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☐ DELETE

NAME **FRANEY, WALTER T IV**

STREET ADDRESS **185 NEWBURY ROAD**

CITY-ST-ZIP **HOWELL NJ 33908**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE: *James Van Franey* **7/10/99**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)