FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

STUART FL 34997



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 16, 1999 8:00 am Secretary of State *150.00

1999	DIVISION OF CO	PORATI	ONS	04-16-1999 90105 0)09 ***	150.00
Corporation Name	000082126					
INTERNATIONAL FRANCHISE	CONSULTANTS, INC.					
·						
Principal Place of Business Mailing Address						
POST OFFICE BOX 3254 STUART FL 34995 POST OFFICE BOX 3254 STUART FL 34995				DO NOT WRITE IN THI	S SPACE	i.
				3. Date Incorporated or Qualifed 09/18/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	L	Applied For
21	26			65-0865109		Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional e Required
City & State	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip Country	Zip 29 3	Country		This corporation owes the current year In Personal Property Tax.	ntangible Yes	⊠Ño
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
NABUTOVSKY, FRED		81 82	Name Street Add	ress (P.O. Box Number is Not Acceptable)		
8799 S.W. TROPICAL AVE.				•		

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, and accept the obligations of Section 607.0505. Florida Statutes

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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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	. DELETE	1.1 TITLE	Change ☐ Addition					
NAME		1.2 NAME	NAGYTOWRY, FRED					
STREET ADDRESS		1.3 STREET ADDRESS	8799 SW TROPICAL AVE					
CITY-ST-ZIP		1.4 CiTY-ST-ZIP	NABUTOWKY, FRED 8799 SW TROPICAL AUR STUDET FL 34997					
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME						
STREET ADDRESS	•	2.3 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY-ST-ZIP						
TITLE	- DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	Change Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP						
44 11 1	are at a star 1.5 and	ha avametice states	t in Section 119.07(3Vi) Florida Statutes. I further certify that the information					

Thereby 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 one an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For Not Applicable

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Zip Code