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

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

DEERFIELD BEACH FL 33442-4637

2. Principal Place of Business

O'GRADY, DANIEL

**MIAMI FL 33109** 

15612-13 FISHER ISLAND DR

Suite, Apt. #, etc.

City & State

PO BOX 4637

21

22

23

24

Žip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S15461

(4)

DEERFIELD BEACH FL 33442-4637

P. 0. Box 4637 Suite, Apt. #, etc.

Deerfield Beach, FL

Mailing Address

PO BOX 4637

2a. Mailing Address

City & State

-SUITE-904

26

27

26

25 29 33442-4637 9. Name and Address of Current Registered Agent

FRANCHISE DIRECTOR INCORPORATED

Country

FILED
Apr 14 1998 8:00am
Secretary of State

	DO NOT WRITE	E IN TH	IS SPACE			
3.	Date Incorporated or Qualified					
	11/26/1990					
4.	FEI Number			Applied For		
	65-0225905			Not Applicable		
5.	Certificate of Status Desired			5 Additional Required		
6.	Election Campaign Financing		\$5.	00 May Be		
	Trust Fund Contribution		Added to Fees			
В.	This corporation owes or has pa	aid the	current year	nt year Intangible		
	Personal Property Tax due June		Yes	□ No		
0.	Name and Address of New Re	egister	d Agent			

85

84 City Zip Code 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

Country

USA 81

82

**B3** 

Name

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

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: B	logistered Agent signature rec	uired when reinstating)	DATE	<del></del>	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/C	HANGES TO OFFICERS AN	ID DIRECTOR	IS IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Additio
NAME	O'GRADY, DANIEL		1.2 NAME				
STREET ADDRESS	156-13 FISHER ISLAND DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE		<u> </u>	Change	Additio
NAME			2.2 NAME				
STREET ADDRESS			23 STREET ADDRESS				
CITY-ST-ZIP			2 4 CITY-ST-ZIP				
TITLE		DELETE	31 TITLE			Change	Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
City-St-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Additio
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP	-			
₹ITL€		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE1 ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 117LF		· · · · · · · · · · · · · · · · · · ·	Change	Additio Additio
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY+ST-7/P			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.

10 . 10 A.A