SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S21700** **(7)**

1. Corporation Name

AMPHIBIANS, INC.

Principal Place of Business	Mailing Address
3402 SW 9TH AVE FT LAUDERDALE FL 33315 US	3402 SW 9TH AVE FT LAUDERDALE FL 33315 US

3. Date Incorporated or Qualified: **12/31/1990**

3a. Date of Last Report: **07/13/1995**

2. Principal Place of Business
21: 15195 N.E. 21ST AVENUE
22: Suite, Apt. #, etc.
23: City & State: N. MIAMI BEACH FL
24: Zip: 33162
25: Country: USA

2a. Mailing Address
26: 15195 N.E. 21ST AVENUE
27: Suite, Apt. #, etc.
28: City & State: N. MIAMI BEACH FL
29: Zip: 33162
30: Country: USA

4. FEI Number: **65-0284684** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANKLIN, JEANNE
3402 SW 9TH AVE
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name: FRANKLIN JEANNE
82 Street Address (P.O. Box Number is Not Acceptable): 15195 N.E. 21ST AVENUE
83:
84 City: N. MIAMI BCH FL 85 Zip Code: 33162

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature is required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRANKLIN, DEAN H. 3402 SW 9TH AVE FT LAUDERDALE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition VP FRANKLIN, DEAN H 15195 N.E. 21ST AVENUE N. MIAMI BCH, FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRANKLIN, JEANNE 3402 SW 9TH AVE FT LAUDERDALE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition PD FRANKLIN JEANNE 15195 N.E. 21ST AVENUE N. MIAMI BEACH, FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeanne Franklin Pres. 8/1/96 (305) 949-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEANNE FRANKLIN