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Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S67006

(4)

1. Corporation Name  
FRANBRI ENTERPRISES, INC.



Principal Place of Business  
4301 W. VINE STREET  
KISSIMMEE FL 34746

Mailing Address  
4301 W. VINE STREET  
KISSIMMEE FL 34746-8316

3. Date Incorporated or Qualified  
07/15/1991

3a. Date of Last Report  
04/25/1996

4. FEI Number  
59-3077615

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

SWART, HARRY J.  
717 EAST OAK STREET  
SUITE 203  
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name **Freddy Aequin**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6955 HANGING Moss Rd STE 11**  
83  
84 City **Orlando** FL 85 Zip Code **32807**

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

**Freddy Aequin**

**1/23/97**

Signatures of officers and directors, 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	NAME	STREET ADDRESS	CITY - ST - ZIP
D	MASCARENHAS, BRIAN A.	4301 W. VINE STREET	KISSIMMEE FL 34746
D	MASCARENHAS, FRANZ P.J.	4301 W. VINE STREET	KISSIMMEE FL 34746

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP

14. I do 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: **Imascarenhas FRANZ MASCARENHAS (V.P.)** 03/20/97 (407) 397-0755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)