PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **S91096**

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90076 014 ***150.00

3F RANC	CH, INC.				ĺ				
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		<u></u>						(1 1131) 1131) 1	
Principal Place	of Business	Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7672 S.E. PINE IS. ROAD P.O. BOX 2140					ļ				
ARCADIA FL 33821 ARCADIA FL 33821						DO NOT WRITE IN THIS SPACE			
US		U\$			3 Date	Incorporated or Qualifec			
}					1	31/1991			
2. Principal Place of Business 2a. Mailing Address						Number		App	lied For
21 124 WEST PAK ST 26 P.O. Box 2					65-	0298502		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						ifcate of Status Desired		\$8.75 A	dditional
22 27					5. Cert	ilicate of Status Desired	<u>. </u>	Fee Rec	uired_
City & State City & State					6. Elec	tion Campaign Financing	' 🗀	\$5.00 A	
23 ARCADIA FL 28 ARCADIA F						t Fund Contribution		Added to	Fees
Zip 342	Country	^{Zip} 34265	Country			corporation owes the cu	rrent year Inta		l
24 342		29	<u>υ</u> ς	<u> </u>		sonal Property Tax.	Designand A		□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name									{
CARVER, CHARLES H ESQ.									
101 EAST KENNEDY BOULEVARD				Street	ddress (P.O. E	ox Number is Not Accep	table)		
SUITE 4100									
TAMPA FL 33602			83						<u>`</u>
1744	777 2 33302		84	City			FL	85 Zip C	ode
COT OF COT OF COT OF COT A FOR Florida Statutes				nomod	ornoration cub	mite this statement for the		hanging its (registered
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes	-					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: R	Registered Ager	nt signature <i>i</i>	ured when reinstati	ing)	DATE		 {
12.	OFFICERS AND	DIRECTORS	13.	_		TIONS/CHANGES TO O	FFICERS AN	DIRECTO	RS IN 12
TITLE	PD X DELETE		1.1 TITLE					Change	☐ Addition
(NAME	MOORE, HOWARD	,	1.2 NAME						1
STREET ADDRESS	MOTO CHI DINE IOI AND DOAD			TADDRESS					ļ
CITY-ST-ZIP	ARCADIA FL		1.4 CITY-S	T- ZIP					
TITLE		☐ DELETE	2.1 TITLE		44			Change	Addition
NAME			2.2 NAME		HORST	HOSKOVEC		,	'
STREET ADDRESS			2.3 STREE			ZEN BERG# STA			
CITY-ST-ZIP	<u></u>		2. 4 CITY-S	ST-ZIP	VIENNA	AJSTRIA	A-101		
TITLE		DELETE	3.1 TITLE	-,	·			Change —	Addition
NAME			3.2 NAME						İ
STREET ADDRESS			3.3 STREE	ADDRESS					Ì
CITY-ST-ZIP			3.4. CITY-5	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME			4.2 NAME						ì
STREET ADDRESS			4.3 STREE	FADDRESS					İ
CITY-ST-ZIP	<u> </u>		4.4 CITY-S	T-ZIP					
TITLE		☐ DEFELE	5.1 TITLE					☐ Change	☐ Addition
NAME (5.2 NAME						[
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP		F3	5.4 CITY-S	I-ZIP					- D Addition
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition }
NAME			6.2 NAME	, . DDC					ł
STREET ADDRESS				ADDRESS					}
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					ĺ

14. I hereby certify that the information supplied with this fijing 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 of 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, with all other like empowered. (0222) 512 4434

SIGNATURE: