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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 417137 1. Corporation Name F.R.A. CORP.			
Principal Place of Business C/O FRANK N. MORGENSTERN 2000 TOWERSIDE TERR MIAMI FL 33138 US		Mailing Address C/O FRANK N. MORGENSTERN 2000 TOWERSIDE TERR MIAMI FL 33138 US	
2. Principal Place of Business 21 17616 LAKE ESTATES DR Suite, Apt. #, etc. 22 City & State 23 BOCA RATON, FL Zip 24 33496		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 SAME Zip 29 SAME Country 30 SAME	
9. Name and Address of Current Registered Agent MORGENSTERN, FRANK N 2000 TOWERSIDE TERR #1602 MIAMI FL 33138 FRANK N. MORGENSTERN 17616 LAKE ESTATES DR. BOCA RATON, FL 33496-1414			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 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 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 NAME STREET ADDRESS CITY-ST-ZIP		DP FRANK N. MORGENSTERN 17616 LAKE ESTATES DR. BOCA RATON, FL 33496-1414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MORGENSTERN, DEBORAH K 17616 LAKE ESTATES DR BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVP MORGENSTERN, RICHARD P. 471 PARKWOOD DR LOS ANGELES CA 90077	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

01/18/1973

4. FEI Number

11-2320221

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank N. Morgenstern

Date

Daytime Phone #

1/8/99

(561) 470-7332

CR2E034 (11/98)