

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM  
Secretary of State

DOCUMENT # 417137

1. Entity Name  
F.R.A. CORP.



Principal Place of Business Mailing Address  
C/O FRANK N. MORGENSTERN C/O FRANK N. MORGENSTERN  
17616 LAKE ESTATES DR 17616 LAKE ESTATES DR  
BOCA RATON FL 33496-1414 BOCA RATON FL 33496-1414  
US US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number 11-2320221 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MORGENSTERN, FRANK N  
17616 LAKE ESTATE DRIVE  
BOCA RATON FL 33496-1414

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| TITLE           | DP                       | <input type="checkbox"/> Delete |
| NAME            | MORGENSTERN, FRANK N.    |                                 |
| STREET ADDRESS  | 17616 LAKE ESTATES       |                                 |
| CITY - ST - ZIP | BOCA RATON FL 33496-1414 |                                 |
| TITLE           | D                        | <input type="checkbox"/> Delete |
| NAME            | MORGENSTERN, DEBORAH K.  |                                 |
| STREET ADDRESS  | 17616 LAKE ESTATE DR     |                                 |
| CITY - ST - ZIP | BOCA RATON FL 33496-1414 |                                 |
| TITLE           | DVP                      | <input type="checkbox"/> Delete |
| NAME            | MORGENSTERN, RICHARD P.  |                                 |
| STREET ADDRESS  | 471 PARKWOOD DR          |                                 |
| CITY - ST - ZIP | LOS ANGELES CA 90077     |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                                                                   |
|-----------------|-------------------------------------------------------------------|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |                                                                   |
| STREET ADDRESS  |                                                                   |
| CITY - ST - ZIP |                                                                   |

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02/04/04-80075-006-150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank N. Morgenstern* Frank N. Morgenstern 1/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #