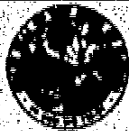


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F61445

(5)

1. Corporation Name

FRISHE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

% MAX FRISHMAN
~~2025 SWANSEA B~~
~~DEERFIELD BCH FL 33442~~

% MAX FRISHMAN
~~2025 SWANSEA B~~
~~DEERFIELD BCH FL 33442~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/08/1982

3a. Date of Last Report

02/01/1994

4. FEI Number

59-2266237

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

21 410 Grantham A

2a. Mailing Address

26 410 Grantham A

Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State
Deerfield Bch, FL

28 City & State
Deerfield Bch, FL

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRISHMAN, MAX

~~2025 SWANSEA B~~

~~DEERFIELD BCH FL 33442~~

81 Name

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

410 Grantham A

83

84 City

Deerfield Bch, FL

85

Zip Code
33442

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 PD
NAME FRISHMAN, MAX
STREET ADDRESS ~~2025 SWANSEA B~~
CITY - ST - ZIP ~~DEERFIELD BCH FL~~

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE ST
NAME ~~FRISHMAN, GLORIA~~
STREET ADDRESS ~~2025 SWANSEA B~~
CITY - ST - ZIP ~~DEERFIELD BCH FL~~

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE V
NAME SHERIFF, HERMAN
STREET ADDRESS 39 WESTBURY B
CITY - ST - ZIP DEERFIELD BCH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE V
NAME ~~POSNER, MARILYN~~
STREET ADDRESS ~~1010 SWANSEA A~~
CITY - ST - ZIP ~~DEERFIELD BCH FL~~

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Max Frishman

April 13, 1995

305-428-2273

(Type Name)