FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 ~~2023 GWANGEA D~~ ~~DEERFIELD BCH. FL 33442~~	% MAX FRISHMAN ~~2023 GWANGEA D~~ ~~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

2. Principal Place of Business — 21: 410 Grantham A; 22: Suite, Apt. #, etc.; 23: City & State: Deerfield Bch, Fl.; 24: Zip: 33442; 25: Country: Broward

2a. Mailing Address — 26: 410 Grantham A; 27: Suite, Apt. #, etc.; 28: City & State: Deerfield Bch, Fl.; 29: Zip: 33442; 30: Country: Broward

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

9. Name and Address of Current Registered Agent

FRISHMAN, MAX
~~2023 GWANGEA D~~
~~DEERFIELD BCH. FL 33442~~

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	FRISHMAN, MAX	1.2 NAME		
STREET ADDRESS	~~2023 GWANGEA D~~	1.3 STREET ADDRESS	410 Grantham A	
CITY-ST-ZIP	~~DEERFIELD BCH. FL~~	1.4 CITY-ST-ZIP	Deerfield Bch, Fl. 33442	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	~~FRISHMAN, GLORIA~~	2.2 NAME	Max Frishman	
STREET ADDRESS	~~2023 GWANGEA D~~	2.3 STREET ADDRESS	410 Grantham A	
CITY-ST-ZIP	~~DEERFIELD BCH. FL~~	2.4 CITY-ST-ZIP	Deerfield Bch, Fl. 33442	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	SHERIFF, HERMAN	3.2 NAME		
STREET ADDRESS	39 WESTBURY B	3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH. FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☒ Change ☐ Addition
NAME	~~POGNER, MARILYN~~	4.2 NAME		
STREET ADDRESS	~~1010 GWANGEA A~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~DEERFIELD BCH. FL~~	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: _____ April 13, 1995 305-428-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Max Frishman

DIVISION OF