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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M18555 (6)
1. Corporation Name
FROHME ENTERPRISES, INC.



Principal Place of Business: ~~841 SW 884 AVE~~
PLANTATION FL 33324-3519
US

Mailing Address: 941 SW 94 AVE
PLANTATION FL 33324-3519
US

3. Date Incorporated or Qualified: 07/26/1985
3a. Date of Last Report: 04/19/1996

4. FEI Number: 59-2556421
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: 21 941 SW 94 AVE
Suite Apt. #, etc.:
City & State: 22
Zip: 23 Country: 24

2a. Mailing Address: 26
Suite, Apt. #, etc.:
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent
MORALES, HUGO G.
1150 NW 72 AVENUE
STE.475
MIAMI FL 33126

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

12. OFFICERS AND DIRECTORS

TITLE: STD
NAME: FROHME, LORAL
STREET ADDRESS: 941 BAYBERRY POINT DRIVE
CITY-ST-ZIP: PLANTATION FL

TITLE: PD
NAME: FROHME, KIRK
STREET ADDRESS: 941 BAYBERRY POINT DRIVE
CITY-ST-ZIP: PLANTATION FL

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS: PLANTATION
2.4 CITY-ST-ZIP

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Loral Frohme* 3/10/97 (954)452-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LORAL FROHME
Date: Daytime Phone:

CR2E034 (9/96)