

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **9980000381de0**  
1. Corporation Name

**FRANKEL + ASS. P.A.**

Principal Place of Business Mailing Address  
**404 E. ATLANTIC Blvd.  
Pompano Beach, FL 33060**

2. Principal Place of Business 2a. Mailing Address  
21 **Ste 100** 26  
Suite, Apt. #, etc. 27  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

**9. Name and Address of Current Registered Agent**

**KEN FRANKEL  
404 E. ATLANTIC Blvd.  
Pompano Beach, FL 33060**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
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]* **KEN FRANKEL** DATE: **2-26-99**

**12. OFFICERS AND DIRECTORS**

12. OFFICERS AND DIRECTORS [ ] DELETE  
TITLE [ ]  
NAME **KEN FRANKEL**  
STREET ADDRESS **404 E. ATLANTIC Blvd**  
CITY-ST-ZIP **Pompano Beach, FL 33060**  
TITLE **ONLY OFFICER + DIRECTOR**  
NAME **PRES, V.P. SEC + TREAS + DIR**  
STREET ADDRESS **Pompano Beach, FL 33060**  
CITY-ST-ZIP  
[ ] DELETE  
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**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
[ ] Change [ ] Add  
14 NAME  
15 STREET ADDRESS  
16 CITY-ST-ZIP  
21 NAME  
22 STREET ADDRESS  
23 CITY-ST-ZIP  
24 CITY-ST-ZIP  
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38 CITY-ST-ZIP  
39 NAME  
40 NAME  
41 STREET ADDRESS  
42 CITY-ST-ZIP  
[ ] Change [ ] Add  
[ ] Change [ ] Add  
**300002794923--6**  
**-03/04/99--01086--010**  
**\*\*\*\*150.00 \*\*\*\*150.00**  
**TOP**  
**3/1/99**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that I, as registered agent, shall have the same legal effect as if made under oath. 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Pres Ken Frankel 2-26-99 954-772-3553**

**FILED**  
**99 MAR -1 PM 12:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**MAY 1995**  
4. FEEL Number **66-0590673** 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

CR2E034 (11/98)