

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90291 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000004118
 1. Corporation Name **FRASH, INC.**

Principal Place of Business Mailing Address
9511 SW 7TH ST
PEMBROKE PINES, FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/15/97

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21: Suite, Apt. # etc		26: PO BOX 816029		65-0719283		Not Applicable	
22: City & State		27: City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23: Zip Country		28: HOLLYWOOD, FL		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24: Zip Country		29: 33081		30: US		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASSER, NASHAT
9511 SW 7TH STREET
PEMBROKE, PINES FL 33025

81: Name	82: Street Address (P.O. Box Number is Not Acceptable)	83:	84: City	85: Zip Code
			FL	

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 filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SACCO, FRANK	12 NAME	
STREET ADDRESS	5735 HAYES STREET	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S NASSER, NASHAT	22 NAME	
STREET ADDRESS	9511 SW 7TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE, PINES FL 33025	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 statement 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 and I am duly 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. _____

FRANK SACCO

4/29/99

954-985-9857