


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90062 029 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000069668**

1. Corporation Name  
**FRITSCH ENTERPRISES, INC.**



Principal Place of Business 7882 CHICK EVANS PLACE SARASOTA FL 34240 US	Mailing Address 7882 CHICK EVANS PLACE SARASOTA FL 34240 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2944 Gray Street Suite, Apt. #, etc. 22 City & State 23 Oakton VA Zip Country 24 22124 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 08/11/1997	4. FEI Number 65-0774522 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent FRITSCH, ROBERT B 7882 CHICK EVANS PLACE SARASOTA FL 34246	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	FRITSCH, ROBERT B 7882 CHICK EVANS PLACE SARASOTA FL 34246	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Susan Cohen
TITLE D <input checked="" type="checkbox"/> DELETE	FRITSCH, IRENE A 7882 CHICK EVANS PLACE SARASOTA FL 34240	1.2 NAME	2944 Gray Street
TITLE <input type="checkbox"/> DELETE		1.3 STREET ADDRESS	Oakton VA 22124
TITLE <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		2.2 NAME	
TITLE <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		3.2 NAME	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		4.2 NAME	
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.2 NAME	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		6.4 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)(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 with all other like empowered.

SIGNATURE: Robert Fritsch **REQUIRED** 4-15-99 941-342-0755  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)