


4-20-98 B 5104 e
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000096040 (5)
 1. Corporation Name
FR ASSOCIATES, INC.



Principal Place of Business: **831 PALM SPRINGS DR., SUITE 111 ALTAMONTE SPRINGS FL 32701**
 Mailing Address: **831 PALM SPRINGS DR., SUITE 111 ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1997	
21	Suite, Apt. #, etc. Suite # 106	26	Suite, Apt. #, etc. Suite # 106	4. FEI Number 59-3479246	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROBINSON, RICHARD M 201 E. PINE ST., SUITE 1200 ORLANDO FL 32801				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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: *Charles M. May* (NOTE: Registered Agent signature required when reinstating) DATE: **4-10-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, CHARLES M	1.2 NAME	
STREET ADDRESS	831 PALM SPRINGS DR., SUITE 111	1.3 STREET ADDRESS	Suite # 106
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, LEN W	2.2 NAME	
STREET ADDRESS	831 PALM SPRINGS DR., SUITE 111	2.3 STREET ADDRESS	Suite # 106
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URICCHIO, BRADROD R	3.2 NAME	
STREET ADDRESS	831 PALM SPRINGS DR., SUITE 111	3.3 STREET ADDRESS	Suite # 106
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORMAN, JAMES W	4.2 NAME	
STREET ADDRESS	831 PALM SPRINGS DR., SUITE 111	4.3 STREET ADDRESS	Suite # 106
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, FRANCIS J	5.2 NAME	
STREET ADDRESS	831 PALM SPRINGS DR., SUITE 111	5.3 STREET ADDRESS	Suite # 106
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAH, JAMES E	6.2 NAME	
STREET ADDRESS	831 PALM SPRINGS DR., SUITE 111	6.3 STREET ADDRESS	Suite # 106
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	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; 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 on an attachment with an address.

SIGNATURE: *Charles M. May* DATE: **4-10-98**

CR2E034 (10/97)