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PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000096040

1. Corporation Name
FR ASSOCIATES, INC.



Principal Place of Business
631 PALM SPRINGS DR., SUITE 111
631 PALM SPRINGS DR. #106
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
631 PALM SPRINGS DR., SUITE 111
631 PALM SPRING DR. #106
ALTAMONTE SPRINGS FL 32701
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

3. Date Incorporated or Qualified
11/10/1997
4. FEI Number
59-3479246
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.

9. Name and Address of Current Registered Agent
ROBINSON, RICHARD M
201 E. PINE ST., SUITE 1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MAY, CHARLES M
STREET ADDRESS 631 PALM SPRING DR, #106
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701
TITLE VD
NAME MORRIS, LEN W
STREET ADDRESS 631 PALM SPRINGS, DR, #106
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701
TITLE SD
NAME URICCHIO, BRADRORD R
STREET ADDRESS 631 PALM SPRINGS DR, #106
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701
TITLE T
NAME DORMAN, JAMES W
STREET ADDRESS 631 PALM SPRINGS DR, #106
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701
TITLE D
NAME FERNANDEZ, FRANCIS J
STREET ADDRESS 631 PALM SPRINGS DR, #106
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701
TITLE D
NAME HANNAH, JAMES E
STREET ADDRESS 631 PALM SPRINGS DR, #106
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: [Signature] DATE: 1-7-99 DAYTIME PHONE #: 407-767-0433

CR2E034 (11/98)