FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003034 (3)**

1. Corporation Name
F.R.S. HOLDINGS, INC.

Principal Place of Business	Mailing Address
PO BOX 3004 FLORIDA CITY FL 33034	PO BOX 3004 FLORIDA CITY FL 33034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/12/1994** | 3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: | Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: | Country — 30:

4. FEI Number: 65-0416563 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPCO INC
2699 S BAYSHORE DR
7TH FLOOR
MIAMI FL 33133

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

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 on all mailings) | DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☒ Change ☐ Addition
NAME	TORCISE, STEVE JR	12 NAME	TORCISE, STEVE JR
STREET ADDRESS	PO BOX 3004 N/A	13 STREET ADDRESS	6800 SW 101 STREET
CITY-ST-ZIP	FLORIDA CITY FL 33034	14 CITY-ST-ZIP	MIAMI FL
TITLE	D	21 TITLE	STD ☒ Change ☐ Addition
NAME	TORCISE, RICK	22 NAME	TORCISE, RICK
STREET ADDRESS	PO BOX 3004 N/A	23 STREET ADDRESS	18000 SW 288 STREET
CITY-ST-ZIP	FLORIDA CITY FL 33034	24 CITY-ST-ZIP	HOMESTEAD, FL
TITLE		31 TITLE	C ☐ Change ☒ Addition
NAME		32 NAME	TORCISE, STEVE SR
STREET ADDRESS		33 STREET ADDRESS	17900 SW 288 STREET
CITY-ST-ZIP		34 CITY-ST-ZIP	HOMESTEAD, FL
TITLE		41 TITLE	VC ☐ Change ☒ Addition
NAME		42 NAME	TORCISE, SAM
STREET ADDRESS		43 STREET ADDRESS	17960 SW 288 STREET
CITY-ST-ZIP		44 CITY-ST-ZIP	HOMESTEAD, FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Apr 20, 1995 (305) 247-3011
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Steve Torcise, Jr., President

043020 FP