


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

07-20-1999 90013 013 \*\*\*550.00

0103140

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

**DOCUMENT # 184255**

1. Corporation Name  
**FRENAL, INC.**



Principal Place of Business % R. M. NALVEN 325 SOUTH SHORE DRIVE SARASOTA FL 34234	Mailing Address % R. M. NALVEN 325 SOUTH SHORE DRIVE SARASOTA FL 34234
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	30

3. Date Incorporated or Qualified <b>03/31/1955</b>	
4. FEI Number <b>59-6187776</b>	Applied For <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NALVEN, ROBERT M**  
**325 S SHORE DR**  
**SARASOTA FL 34234**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NALVEN, ROBERT M	
STREET ADDRESS	325 SOUTH SHORE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NALVEN, LIONEL I.	
STREET ADDRESS	16 VIVIAN DRIVE	
CITY-ST-ZIP	SCARSDALE, N. Y.	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NALVEN, DANIEL J.	
STREET ADDRESS	222 MARTLING AVE	
CITY-ST-ZIP	TARRYTOWN NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NALVEN, WENDY B.	
STREET ADDRESS	868 FORESTVIEW DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<i>Change of Address</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>7931 OLYMPIA DRIVE</i>
2.3 STREET ADDRESS	<i>West Palm Beach, FL</i>
2.4 CITY-ST-ZIP	<i>33411</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<i>Change of Address</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>6920 21<sup>st</sup> Street West</i>
4.3 STREET ADDRESS	<i>Bradenton, FL</i>
4.4 CITY-ST-ZIP	<i>34207</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Robert M. Nalven* (Robert M. Nalven) 7/18/99 (94) 355-4725  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)