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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 238353

(7)

FRAZIER CREEK BUILDING, INC. Principal Place of Business Mailing Address FRANK'S TV # FRANK'S TV										
			S. KANNER HWY., RT FL 34994-4616							
SIUNNI FL 34	130 1	SIDMIT PE SASSERATIO	,			3. Date Incorporated or Qualified 07/09/1960		te of Last R 0/1996	eport	
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26	26			.59-6077897 Not Applicab			t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	to Fees	
Zip	Country	Zip	********	Country		8. This corporation has liability for intangible tax under s. 199.032,				
24 25 29 30 30 9. Name and Address of Current Registered Agent				Florida Statutes 10. Name and Address of P			Yes No			
DEC		itelit ueðisteren viðelit		81	Name	IV. Name and Address of from N	adiatolen v	Agur		
DESTEFANO, FRANK R. 2500 S. KANNER HWY., 3855 S.W. BIMINI CIRCLE PALM CITY 34990										
					Street Addre	ddress (P.O. Box Number is Not Acceptable)				
STU	JART FL 33494			83						
				B4	City		FL	85 Zip (Code	
11. Pursuant office or agent. La	to the provisions of Sections 607, registored agent, or both, in the S am familiar with, and accept the o	0502 and 607.1508, Florida State of Florida. Such change with bligations of, Section 607.0505	atutes, the ab as authorized , Florida Statu	ove-l by t ites.	named corpo he corporation	oration submits this statement for the ion's board of directors. I hereby acce	purpose of opt the appo	changing it intment as	s registered registered	
SIGNATURE	***									
12.				stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P	DELETE 133		ıF	·· ·····	ADDITIONS/OTANGES TO OTT	OLI IO AND	Change	Addition	
NAME	DECTECANO EDANIC D			1.2 NAME				gw		
STREET ADDRESS	3855 S.W. BIMINI CIRCLE		1	1.3 STREET ADDRESS						
CITY-ST-ZIP	PALM CITY FL			1.4 CITY - ST - ZIP						
TITLE	VST □ DELETE			21 TITLE				Change	Addition	
NAME	DESTEFANO, ARLENE J.			2.2 NAME				=		
STREET ADDRESS	3855 S.W. BIMINI CIRCLE			3 STREET ADDRESS						
City-SI-ZIP				2. 4 CITY - ST - ZIP						
TIFLE		☐ DELETE	3.1 1111					Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 \$79	REET A	DDRESS					
City-St-ZiP			3.4. CIT	TY-ST-	- ZIP					

14. I do 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.

4.1 TITLE

4 2 NAME

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 City-ST-ZiP

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHTY - ST - ZIP

CITY-ST-ZIP

THE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

30/97 561-283-6666 Day Daytine Phone •

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 06 1997 8:00am

Secretary of State