


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

FILED

Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **354289** (1)  
1. Corporation Name  
**GARY FROID AND ASSOCIATES, INC.**



Principal Place of Business <b>100 2ND AVE., SO. 300 NT ST. PETERSBURG FL 33701</b>	Mailing Address <b>100 2ND AVE., SO. 300 NT ST. PETERSBURG FL 33701</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/24/1969</b>		Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number <b>59-1273606</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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			
2. Principal Place of Business 21 <b>660 Bay Laurel Ct</b> Suite, Apt. #, etc. 22 <b>NE.</b>		2a. Mailing Address 26 <b>660 Bay Laurel Ct</b> Suite, Apt. #, etc. 27 <b>NE.</b>	
City & State 23 <b>St. Pete, FL</b>		City & State 28 <b>St. Pete, FL. 33703</b>	
Zip 24 <b>33703</b>		Country 25 <b>USA</b>	
Zip 29 <b>33703</b>		Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>FROID, GARY R. 100 2ND AVE., SO. 300 NT ST. PETERSBURG FL 33701</b>		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 <b>FL</b>	

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	<b>DP</b>	<input type="checkbox"/> DELETE	
NAME	<b>FROID, GARY</b>		
STREET ADDRESS	<b>100 2ND AVE., SO.</b>		
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS	<b>660 Bay Laurel Ct N.E.</b>		
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
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 

CR2E034 (10/97)