FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 416929 (8)

1. Corporation Name
FRENZ ENTERPRISES, INC.

Principal Place of Business
2502 W FIRST ST
SANFORD FL 32771

Mailing Address
2502 W FIRST ST
SANFORD FL 32771

3. Date Incorporated or Qualified: 01/15/1973
3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-2800567 ☐ 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

2. Principal Place of Business
21 3326 Byron Rd.
Suite, Apt. #, etc
22
City & State
23 Green Cove Springs, FL
Zip 24 32043 Country 25 USA

2a. Mailing Address
26 P.O. Box 905
Suite, Apt. #, etc.
27
City & State
28 Middleburg, FL
Zip 29 32050-0905 Country 30 USA

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PTS	☐ DELETE
NAME	FRENZ, GEORGE L.	
STREET ADDRESS	3326 BYRON ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	☐ DELETE
NAME	FRENZ, GEORGE L.	
STREET ADDRESS	3326 BYRON ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	V	☐ DELETE
NAME	FRENZ, KAREN P.	
STREET ADDRESS	3326 BYRON ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	V	☐ DELETE
NAME	AMES WILLIAM H	
STREET ADDRESS	1982 CRYSTAL MIST LANE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	600001818106	☐ Change ☐ Addition
2.2 NAME	-05/13/96--01027--007	
2.3 STREET ADDRESS	***200.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	3326 Byron Road	
4.4 CITY-ST-ZIP	Green Cove Springs, FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	5-1-96	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/30/96 Date (904) 291-9839 Daytime Phone #