COND 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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # 599889

THE FREDERICK FINANCIAL GROUP, INC.

FILED Jul 12, 1999 8:00 am Secretary of State

07-12-1999 90020 016 ***550.00



A Maria Cara Cara Cara Cara Cara Cara Cara						_		
incipal Place	of Business	Ma	ailing Address				(/ / / / / / / / / / / / / / / / / / /	
O SARAZEN DR. 4920 SARAZEN DR.				,				
LYWOOD FL 33021 HOLLYWOOD FL 33021							DO NOT WRITE IN THE ORACE	
	•						DO NOT WRITE IN THIS SPACE	
. • -,==					_	والمستحدث المستدم	3. Date Incorporated or Qualified	
			84.01 8.41		_		02/14/1979 4. FEI Number Applied For	
Principal Place of Business 2a. Mailing Address						TF::::::::::::::::::::::::::::::::::::		
2			D-11- A-A-H -4-				59-1952184 Not Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			_	5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	3	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		29	Zip Countr			-	8. This corporation owes the current year Intangible Personal Property.	
	9. Name and Address of Currer		tornd Agent	1301	Т		10. Name and Address of New Registered Agent	
	o. name and Address of Odifer	· · · · · · · · · · · · · · · · · · ·	an Lifetit		81	Name	· · · · · · · · · · · · · · · · · · ·	
HORWIN, FREDERICK								
4920 SARAZEN DR.					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
HOLL	YWOOD FL 33021				83	<u></u>		
					84	City	FL 85 Zip Code	
office or i	to the provisions of sections 607.050 registered agent, or both, in the State of familiar with, and accept the oblig	of Flori	da. Such change was	authorize	d by	the corporat	oration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
GNATURE .	Signature, typed or printed name of registered age	nt and title i	if applicable (1	NOTE: Registe	red A	gent signature rec	equired when reinstating) DATE	
	OFFICERS AN			13.		gan ognator	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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						ADDRESS		
EET ADDRESS							,	
Y-ST-ZIP	with that the information supplied with	h thic filin	an door not qualify for		ntion		oction 119 07/3Vi). Florida Statutes, I further certify that the information	

indicated on this annual report or supplied part one may use not quarry for the exemption stated in section 119.07(3)(), Fiorida Statutes. I further certify that the information indicated on this annual report or suppliemental 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, for an attachment with an address. an officer or director of the corporation Block 12 or Block 13 if changed,

SIGNATURE:

561.995.0456