

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-05-2007 90108 033 ****61.25
712684

FILED

07 JUL 19 AM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712684

1. Entity Name
FRANCES TERRACE, INC.



Principal Place of Business
ACCOUNTSULT, LLC
STE 430
PLANTATION, FL 33324 US

Mailing Address
8211 W BROWARD BLVD
STE 430
PLANTATION, FL 33324 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1259005

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERMAN & SHERMAN ACCOUNTING
4500 N STATE ROAD 7
STE 200
FORT LAUDERDALE, FL 33319-5804

Name

ACCOUNTSULT, LLC

Street Address (P.O. Box Number is Not Acceptable)

8211 W. Broward Blvd. Ste. 430

City

Plantation

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eveline Swaidan President

7/16/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RONCI, ROBERT J
STREET ADDRESS 3209 NE 36TH ST APT 6
CITY-STATE-ZIP FORT LAUDERDALE, FL 33308 ☒ Delete

TITLE P.D.
NAME SWAIDAN EVELINE
STREET ADDRESS 3209 NE 36TH ST. APT 3
CITY-STATE-ZIP FORT LAUDERDALE FL 33308 ☒ Change ☐ Addition

TITLE VPD
NAME ROBERTSON, JIM
STREET ADDRESS 3209 NE 36 ST, APT 3
CITY-STATE-ZIP FORT LAUDERDALE, FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE S
NAME SWAIDAN, EVELINE
STREET ADDRESS 3209 NE 36TH ST APT 7
CITY-STATE-ZIP FORT LAUDERDALE, FL 33308 ☒ Delete

TITLE FULMER JOHN A
NAME
STREET ADDRESS 3209 NE 36TH ST. APT 1
CITY-STATE-ZIP FORT LAUDERDALE FL 33308 ☒ Change ☐ Addition

TITLE D
NAME LEVY, JAMES G
STREET ADDRESS 3209 NE 36TH ST APT 8
CITY-STATE-ZIP FORT LAUDERDALE, FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

John A. Fulmer

1/30/07

810-360-7732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone