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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F51217** (0)

1. Corporation Name  
**FRAKES REAL ESTATE, INC.**

Principal Place of Business  
XXXXXX  
2290 N.E. 121 STREET  
NORTH MIAMI FL 33181-2943

Mailing Address  
2290 NE 121 STREET  
NORTH MIAMI FL 33181-2943  
US



2. Principal Place of Business  
21 **7250 NE 4th Court**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State  
23 **Miami Florida**

27 City & State

24 Zip **33138** 25 Country

28 Zip Country  
29 30

3. Date Incorporated or Qualified  
**10/19/1981**

3a. Date of Last Report  
**05/14/1996**

4. FEI Number  
**59-2159175**

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

9. Name and Address of Current Registered Agent

**FRAKES, DON  
2290 N.E. 121 STREET  
NORTH MIAMI 33131**

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

Signature of type of or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	DELETE
NAME	FRAKES, DON	
STREET ADDRESS	2290 N.E. 121 STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	V	DELETE
NAME	FRAKES, KATHIE	
STREET ADDRESS	2290 NE 121 STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	S	DELETE
NAME	FRAKES, DAWN	
STREET ADDRESS	565 NW 116 STREET	
CITY-ST-ZIP	MIAMI 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	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
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		
4.4 CITY-ST-ZIP		
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		
6.4 CITY-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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Don Frakes, President**

Date

Daytime Phone #

0247430

CR2E034 (9/96)