

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F86583 (4)
1. Corporation Name
FRYER INSURANCE AGENCY, INC.



Principal Place of Business
7800 RED ROAD
SUITE 228
SOUTH MIAMI FL 33143

Mailing Address
7800 RED ROAD
SUITE 228
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0271753	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent FRYER, THOMAS E JR 7800 RED ROAD, STE 228 SOUTH MIAMI, FL MIAMI FL 33143		10. Name and Address of New Registered Agent 81 Name THOMAS E. FRYER 82 Street Address (P.O. Box Number is Not Acceptable) 7800 Red Road, Ste 228 83 84 City South Miami FL 85 Zip Code 33143	
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11. Pursuant to the provisions of Sections 607.0505 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

Thomas E. Fryer

(NOTE: Registered Agent signature required when reinstating)

2/3/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FRYER, THOMAS E JR	1.2 NAME	Thomas E. Fryer
STREET ADDRESS	8646 OD CUTLER ROAD	1.3 STREET ADDRESS	8646 Old Cutler Rd.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33143
TITLE		2.1 TITLE	Secy/Treas
NAME		2.2 NAME	PATRICIA W. FRYER
STREET ADDRESS		2.3 STREET ADDRESS	8646 OLD CUTLER Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33143
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Thomas E. Fryer

2/3/98 (305)661-1030

CR2E034 (10/97)