

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90099 039 ***150.00

DOCUMENT # **F98000006213**

1. Corporation Name
FRYTECH, INC.

Principal Place of Business
**2255 GLADES RD., STE. 200E
BOCA RATON FL 33431**

Mailing Address
**2255 GLADES RD., STE. 200E
BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1998

4. FEI Number

13-2732747

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **5355 Town Center Road**

2a. Mailing Address

26 **5355 Town Center Road**

Suite, Apt. #, etc.

22 **Suite 802**

Suite, Apt. #, etc.

27 **Suite 802**

City & State

23 **Boca Raton, FL 33486**

City & State

28 **Boca Raton, FL**

Zip

24 **33486**

Country

25 **U.S.A.**

Zip

29 **33486**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS ST., STE. 2
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **LEDER, MARC J**

STREET ADDRESS **12 BERMUDA LAKE DR.**

CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ DELETE

NAME **KROUSE, RODGER R**

STREET ADDRESS **1141 SW 19TH AVE.**

CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☒ DELETE

NAME **GRAHAM, PATRICK F**

STREET ADDRESS **13873 PARK CENTER RD.**

CITY-ST-ZIP **HERNDON VA 22071**

TITLE **CEO** ☒ DELETE

NAME **RUBINSTEIN, JULIAN**

STREET ADDRESS **2255 GLADES RD., STE. 324A**

CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **V** ☒ DELETE

NAME **GRAHAM, PATRICK F**

STREET ADDRESS **13873 PARK CENTER RD.**

CITY-ST-ZIP **HERNDON VA 22071**

TITLE **D** ☒ DELETE

NAME **LEACH, HOWARD H**

STREET ADDRESS **101 CALIFORNIA ST., STE. 4310**

CITY-ST-ZIP **SAN FRANCISCO CA 94111**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, V** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D, V, S** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **P** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS **ROGER KOLLAT**

3.4 CITY-ST-ZIP **2000 Middlebury Street**

4.1 TITLE **T** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS **KEVIN CALHOUN**

4.4 CITY-ST-ZIP **5355 TOWN CENTER ROAD SUITE 802**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0336557