

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G41458** (2)

1. Corporation Name
R.A. FRITZ & ASSOCIATES, INC.

Principal Place of Business

**2381 BROOKSIDE DR
INDIALANTIC FL 32903
US**

Mailing Address

**2381 BROOKSIDE DR
INDIALANTIC FL 32903-3608
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/23/1983		3a. Date of Last Report 04/18/1996	
21	777 N. Highway A1A Suite, Apt. #, etc.	26	777 N. Highway A1A Suite, Apt. #, etc.	4. FEI Number 59-2291833		Applied For Not Applicable	
22	Suite 202 City & State	27	Suite 202 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Indialantic, FL Zip	28	Indialantic, FL Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	32903	25	U.S.	29		30	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRITZ, ROBERT A. 2381 BROOKSIDE DR INDIALANTIC FL 32903				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				777 N. Highway A1A, Suite 202 Indialantic			
				84 City FL 85 Zip Code 32903			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRITZ, ROBERT ALAN			1.2 NAME	Fritz, Robert Alan		
STREET ADDRESS	2381 BROOKSIDE DR			1.3 STREET ADDRESS	777 N. Highway A1A, Suite 202		
CITY-ST-ZIP	INDIALANTIC FL			1.4 CITY-ST-ZIP	Indialantic, FL 32903		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRITZ, MARYBETH			2.2 NAME	Mary Beth Fritz		
STREET ADDRESS	2381 BROOKSIDE DRIVE			2.3 STREET ADDRESS	777 N. Highway A1A, Suite 202		
CITY-ST-ZIP	INDIALANTIC FL 32903			2.4 CITY-ST-ZIP	Indialantic, FL 32903		
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRITZ, ANNE K			3.2 NAME			
STREET ADDRESS	965 STONE CREEK CORUT			3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97

407-726-8480

Date

Daytime Phone #

CR2E034 (9/96)