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

CICNATUDE:

PROFIT Mar 20 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # H88275 (3)FRICK & FRACK, INC. Principal Place of Business Mailing Address 2655 NE 189 ST. 2655 NE 189 ST. NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2631393 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Freedman, Martin B. 2655 NE 189 ST. 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33180 83 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE Change NAME FINKEL, NATHAN 1.2 NAME STREET ADORESS 2655 NE 189 ST. 1.3 STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE FREEDMAN, MARTIN B. NAME 2.2 NAME **26**55 NE 189 ST. STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZiP DELETE TITLE 3.1 TITLE Change Addition FREEDMAN, GRACIE NAME 3.2 NAME 2655 NE 189 ST. 3.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE FINKEL, JACQUELINE 4 2 NAME 2655 NE 189 ST. STREET ADDRESS 4.3 STREET ADDRESS N. MIAMI BEACH FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TRILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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.

MARTIN FREEdMAN 3/13/98

FILED