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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(8)

FILED Jan 23 1998 8:00am Secretary of State

FRALEY ENTERPHISES, INC.												
Principal Plac	e of Busines	is	М	ailing Address					DA OLDAR TIDA		EIF BEBLI 1881	
4130 ENTRADA COURT PO BOX 17486 SARASOTA FL 34231 SARASOTA FL 34276 US US								DO NOT WRITE	E IN THIS	SPACE		
			-					3. Date Incorporated or Qualified				٦
								05/16/1986				_
2. Principal Place of Business			-	2a. Mailing Address				4. FEt Number			Applied For	
21 Suite And H. etc.			26	26 Suite Ant Higher				59-2677722			Not Applicable	4
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State			27]	City & State				& Floating Compaign Financian				1
23			28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Žip	Zip Country			Zip			·	8. This corporation owes or has pa	aid the cu		•	┨
24		25	29		30			Personal Property Tax due June			□ No	
	9. Name	and Address of Cur	rent Regis	tered Agent		L		10. Name and Address of New Re	gistered	Agent]
FR/	ALEY, GEO	RGE D.				81	Name					
4130 ENTRADA COURT						82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)			┨
SARA S OTA FL 34231												1
						83						-
						84	City		F-1	85 Zip	Code	1
11 Pursuant i	to the provide	ions of Costions 607	1602 and G	07 1509 Florido Ctat	utos the s	l bow	named one	poration submits this statement for the	FL	t abanaina	ita registered	-
office or re	egi ste red ag	ent, or both, in the St	ate of Florid	da Such change wa	s authorize	ed by	the corporal	poration submits this statement for the lation's board of directors. I hereby acce	pt the app	ointment a	s registered	
	m tamiliar w	ith, and accept the of	oligations of	1, Section 607.0505,	Florida Sta	itutes	3.					
SIGNATURE	Signature, typed	or printed name of registered	agent and title	if applicable (N	OTL. Register	ed Age	ent slaneture requi	ired when reinstating)	DATE			
12.		OFFICERS			13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12	d
TITLE	PST			DELETE	1.11	ITLE				Change	Addition	19
NAME	1100 -1111 -111					IAME						2
STREET ADORESS						TREET	ADDRESS					إيّا
CITY-ST-ZIP	SARAS	OTA FL			1.4 (ITY-S	T-ZIP			7—		٦ġ
TITLE				☐ DELETE	211					∐ Change	Addition	١
NAME	-					LAME						
STREET ADDRESS							ADDRESS					l
CITY-ST-ZIP TITLE		.		DELETE	2. 4 3.1 T		ST - ZIP	tr		Change	Addition	$\left\{ \right.$
NAME				other		AME				L_J Onlingo		
STREET ADDRESS							ADDRESS					ı
CITY-ST-ZIP						OITY-S						
TITLE				DELETE	4.1 T					Change	Addition	
NAME					4.21	NAME						
STREET ADDRESS					4.3 S	TREET	ADORESS					
CITY-ST-ZIP					4.4 0	ITY-S	T- ZIP					
TITLE					6 4 T	ITLE				Change	Addition	1
NAME				☐ DELETE	0.3 (.,						
				☐ DELETE	5.2 N							
STREET ADDRESS				☐ DELETE	5.2 N	IAME	ADDRESS					
CITY-ST-ZIP	······································				5.2 N 5.3 S	IAME						
	-			☐ DELETE	5.2 N 5.3 S	IAME TREET				☐ Change	Addition	_
CITY-ST-ZIP TITLE NAME					5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	IAME TREET STY-S STLE IAME	T-ZIP			☐ Change	Addition	-
CITY-ST-ZIP TITLE					5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	IAME TREET STY-S STLE IAME				☐ Change	Addition	_

Interest certify that the internation supplied with this hilling does not quality for the exemption stated in Section 1997(3)(). Florida Statutes, Turrier certify that the information indicated on this annual report or supplemental annual report is true and accurate and thet 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 chapter on an attachment with an address.