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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # J14974** 

(6)

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Apr 24 1997 8:00an	1
Secretary of State	

1. Corporation Name R. FRY BUILDERS, INC.  Principal Place of Business  % ROCHELLE Z. CATZ 13161 MCGREGOR BLVD. FT. MYERS FL 33919-5940  Mailing Address  % ROCHELLE Z. CATZ 13161 MCGREGOR BLVD. FT. MYERS FL 33919-5940					D.	· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified 05/20/1986	<b>3a.</b> Da	ate of Las	t Report
2. Principal	Place of Busine	ss	2a. Ma	ailing Address	*****		4. FEI Number	1 04/2		Applied For
21			26	ite. Apt. #. etc.			59-2705359			Not Applicable
22]	ot #, etc.		27	ле, Арг. #, есс.			5. Certificate of Status Desired			5 Additional Required
Cily & St	ate			ty & State		····	6. Election Campaign Financing		\$5.0	00 May Be
23	<del></del>		28		<u> </u>		Trust Fund Contribution			ed to Fees
Zφι 24	2	Country	29 29	Р	30	untry	This corporation has liability for Florida Statutes	r intangible □ Yes     [		r s. 199.032,
24]		nd Address of Cu		ed Agent	1901	1	10. Name and Address of New Ro			741
	TZ, ROCHELLE					81 Name				
	161 MCGREGO					82 Street Add	Iress (P.O. Box Number is Not Accepta	ıble)		
FT.	MYERS FL 33	907				83				
										ip Code
		ns of Sections 607 nt, or both, in the S , and accept the o	.0502 and 607. State of Florida biligations of, Se	1508, Florida St Such change w ection 607.0505	atutes, the a las authorize i, Florida Sta	bove-named corporal lutes.	poration submits this statement for the tition's board of directors. I hereby acce	purpose of apt the app	.	
SIGNATURI	Signature, typical or	printed name of registere		n icable DRS	(NOTE: Registere	bove-named corporal by the corporal lutes.	·	purpose of ept the app DATE	f changing ointment	g its registered as registered ORS IN 12
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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 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR