

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90062 043 \*\*\*150.00



**DOCUMENT # J15117**  
 1. Entity Name  
**FRANKEL DEVELOPMENT CO., INC.**

Principal Place of Business      Mailing Address  
**200 ADMIRALS COVE BLVD.**      **200 ADMIRALS COVE BLVD.**  
**JUPITER FL 33477**      **JUPITER FL 33477**



2. Principal Place of Business      3. Mailing Address  
**3801 PGA BLVD.**      **3801 PGA BLVD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 107**      **SUITE 107**

1st MOORE      CR2E034 (10/05)

City & State      City & State  
**PALM BEACH GARDENS FL**      **PALM BEACH GARDENS, FL**  
 Zip      Country      Zip      Country  
**33410**      **USA**      **33410**      **USA**

4. FEI Number      Applied For  
**58-1682572**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HYMAN, SHERRY LEFKOWI**  
**200 ADMIRALS COVE BLVD**  
**JUPITER FL 33477**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**SHERRY L. HYMAN, ESQ.**  
**3801 PGA BLVD. - SUITE 107**  
 City      State      Zip Code  
**PALM BEACH GARDENS**      **FL**      **33410**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE      DATE **2-2-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete FRANKEL, THOMAS 200 ADMIRALS COVE BLVD. JUPITER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete FRANKEL, BENJAMIN 200 ADMIRALS COVE BLVD. JUPITER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete FRANKEL, WILLIAM 200 ADMIRALS COVE BLVD. JUPITER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete FRANKEL, THOMAS 200 ADMIRALS COVE BLVD. JUPITER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3801 PGA BLVD. - SUITE 107</b> <b>PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3801 PGA BLVD. - SUITE 107</b> <b>PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3801 PGA BLVD. - SUITE 107</b> <b>PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3801 PGA BLVD. - SUITE 107</b> <b>PALM BEACH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      DATE **2-2-06**      DAYTIME PHONE # **561-744-1033**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #