




FILED
 03 MAY -1 AM 9:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J15117			
1. Entity Name FRANKEL DEVELOPMENT CO., INC.			
Principal Place of Business 200 ADMIRALS COVE BLVD. JUPITER, FL 33477		Mailing Address 200 ADMIRALS COVE BLVD. JUPITER, FL 33477	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 58-1682572	
HYMAN, SHERRY LEFKOWI 200 ADMIRALS COVE BLVD JUPITER, FL 33477		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		FL Zip Code	
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	
			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, THOMAS	NAME	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	STREET ADDRESS	
CITY-STATE-ZIP	JUPITER, FL	CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	
NAME	FRANKEL, BENJAMIN	NAME	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	STREET ADDRESS	
CITY-STATE-ZIP	JUPITER, FL	CITY-STATE-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	
NAME	FRANKEL, WILLIAM	NAME	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	STREET ADDRESS	
CITY-STATE-ZIP	JUPITER, FL	CITY-STATE-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	
NAME	FRANKEL, THOMAS	NAME	
STREET ADDRESS	200 ADMIRALS COVE BLVD.	STREET ADDRESS	
CITY-STATE-ZIP	JUPITER, FL	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), 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: 4-29-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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