

DOCUMENT # J98257

1. Entity Name

HICKS, FRANKENBERG & ASSOCIATES, P.A.

03-31-2000 90040 042 ***150.00

631609



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
28163 US 19 N. SUITE 204 CLEARWATER FL 33761 US	28163 US 19 N. SUITE 204 CLEARWATER FL 33761-2696 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-2848933	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent	
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HICKS, MICHAEL
28163 US HWY 19 N
SUITE 204
CLEARWATER FL 33761

7. Name and Address of New Registered Agent	
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Name	Score
John	85
Jane	92
Mike	78
Sarah	88
David	75
Emily	90
Chris	82
Alex	79
Olivia	87
Benjamin	80
Mia	91
Ethan	77
Ava	89
Noah	76
Isabella	93
Liam	81
Sophia	86
Mason	74
Charlotte	94
Lucas	83
Amelia	88
James	73
Harper	95
Wyatt	84
Evelyn	87
Caleb	72
Madison	96
Isaac	85
Abigail	89
Elijah	71
Emily	97
Michael	86
Grace	90
Andrew	70
Lily	98
Robert	87
Hannah	91
Christopher	69
Avery	99
Joshua	88
Chloe	92
Matthew	68
Skyler	100
Victoria	89
Benjamin	93
Joseph	67
Madeline	101
Samuel	90
Leah	95
David	66
Brooklyn	102
Jonathan	88
Olivia	97
Michael	65
Scarlett	103
William	87
Isabella	100
Christopher	64
Madison	104
Robert	86
Abigail	101
Elijah	63
Emily	105
Michael	85
Grace	100
Andrew	62
Lily	106
Robert	84
Hannah	102
Christopher	61
Avery	107
Joshua	83
Chloe	103
Matthew	60
Skyler	108
Victoria	82
Benjamin	104
Joseph	59
Madeline	109
Samuel	81
Leah	105
David	58
Brooklyn	110
Jonathan	80
Olivia	106
Michael	57
Scarlett	111
William	79
Isabella	107
Christopher	56
Madison	112
Robert	78
Abigail	108
Elijah	55
Emily	113
Michael	77
Grace	109
Andrew	54
Lily	114
Robert	76
Hannah	110
Christopher	53
Avery	115
Joshua	75
Chloe	111
Matthew	52
Skyler	116
Victoria	74
Benjamin	112
Joseph	51
Madeline	117
Samuel	73
Leah	113
David	50
Brooklyn	118
Jonathan	72
Olivia	114
Michael	49
Scarlett	119
William	71
Isabella	115
Christopher	48
Madison	120
Robert	70
Abigail	116
Elijah	47
Emily	121
Michael	69
Grace	117
Andrew	46
Lily	122
Robert	68
Hannah	118
Christopher	45
Avery	123
Joshua	67
Chloe	119
Matthew	44
Skyler	124
Victoria	66
Benjamin	120
Joseph	43
Madeline	125
Samuel	65
Leah	121
David	42
Brooklyn	126
Jonathan	64
Olivia	122
Michael	41
Scarlett	127
William	63
Isabella	123
Christopher	40
Madison	128
Robert	62
Abigail	124
Elijah	39
Emily	129
Michael	61
Grace	125
Andrew	38
Lily	130
Robert	60
Hannah	126
Christopher	37
Avery	131
Joshua	59
Chloe	127
Matthew	36
Skyler	132
Victoria	58
Benjamin	128
Joseph	35
Madeline	133
Samuel	57
Leah	129
David	34
Brooklyn</	

Street Address (P.O. Box Number is Not Acceptable)

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City	FL	Zip Code
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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11.	OFFICERS AND DIRECTORS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HICKS, MICHAEL	
STREET ADDRESS	28163 US HWY 19 N	
CITY - ST - ZIP	CLEARWATER FL	

TITLE	ST	<input type="checkbox"/> Delete
NAME	FRANKENBERG, DON	
STREET ADDRESS	28163 US HWY 19 N	
CITY - ST - ZIP	CLIFSWATER FL	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 / 27 / 00

Date _____

727-796-2459

Daytime Phone # _____

CR2E034 (9/99)