

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K08653 (3)**

1. Corporation Name  
**FRAMO, INC.**



Principal Place of Business  
**211 N MAGNOLIA AVE.  
ORLANDO FL 32801**

Mailing Address  
**211 N MAGNOLIA AVE.  
ORLANDO FL 32801**

3. Date Incorporated or Qualified <b>12/23/1987</b>	3a. Date of Last Report <b>01/25/1995</b>
4. FEI Number <b>59-2871403</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**YERGEY, D. ARTHUR  
211 NORTH MAGNOLIA AVENUE  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83. City	

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[ ] DELETE	11. TITLE	[ ] Change [ ] Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		14. CITY, ST, ZIP	
TITLE	[ ] DELETE	21. TITLE	[ ] Change [ ] Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE	[ ] DELETE	31. TITLE	[ ] Change [ ] Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE	[ ] DELETE	41. TITLE	[ ] Change [ ] Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE	[ ] DELETE	51. TITLE	[ ] Change [ ] Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE	[ ] DELETE	61. TITLE	[ ] Change [ ] Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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, officer, 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 changed, or in Block 14 with an address.

SIGNATURE:

*[Signature]* PRESIDENT  
DAVID A YERGEY JR

1/16/96 407-843-0430  
Date and Phone #

CR2E034 (12/95)