## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K44305

(6)

GARY FRONRATH ENTERPRISES, INC.

Mailing Address

FILED									
Apr 14 1997	8:00am								
Secretary of	f State								



1300 N. FEDEI FT. LAUDERDA US		1300 N. FEDERAL HWY FT. LAUDERDALE FL 333 US	04-1428						
<b>[</b>			<ol> <li>Date Incorporated or Qualified 11/09/1988</li> </ol>	3a. Date of Last Report 04/04/1996					
	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Ap	plied For	
	N. Federal Hwy.				59-2915420		<del></del>	t Applicable	
Suite, Apt. #, etc.  22 Suite 350  27				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	y & State City & State  't. Lauderdale, FL 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Ζφ 24 3330	Country	Ζίρ · · · · · · · · · · · · · · · · · · ·	Count 30	ry	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes				
	9. Name and Address of Curre				10. Name and Address of New Re	pistered Ager	it		
THO	OFNER, JEFFREY P.		8	1 Name	Eric J. Dorer				
AGGG AL PROPERTY AND RAILS.			2 Street Add	et Address (P.O. Box Number is Not Acceptable) 412 NE Fourth St.					
F1.	LAUDERDALE FL 33304		8	13	412 NE FOUT CH SC.				
	$\Lambda$	\		4 City	Ft. Lauderdale	FL 85	<sup>Z<sub>10</sub></sup> 33.	861	
11, Pursuant	to the provisions (1 Section Coor.05	2 and 607, 1508, Florida Statu	ites, the abo	ove-named co	rporation submits this statement for the p	urpose of cha	nging it	s registered	
office or r agent. I a	registered a <b>felt</b> , if com, in the Sta im familiar with actilisecular	Florida, Such change was the one of, Section 607.0505, F	authorized Iorida Statul	by the corporates.	rporation submits this statement for the pation's board of directors. I hereby accep	t the appointn	nent as 	registered	
SIGNATURE	(1 1 X X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	K ERIC	⇒. `	DORE	r A	1719	1		
	Signature, typed or printly prame or registerally			gent signature req	ulrad when reinstating)	DATE			
12.	OFFICERS (	ND DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC		ECTOR Change	S IN 12	
THEF	FRONRATH, GARY	LJ DECCE	1.1 Titul 1.2 Nam	]		' ليبا	DI KATING C	C Addition	
NAME DEDICT ADVOCAGE	1300 N. FEDERAL HWY.			ET ADDRESS					
STREET ADDRESS CITY - ST - 2IP	FT. LAUDERDALE FL		I	-SI-ZIP					
THE	W	DELETE	2.1 T/IL				Change	Addition	
NAME	FRONRATH, GARY	_	2.2 NAM	E			•		
STREET ADDRESS	1300 N. FEDERAL HWY.			ET ADDRESS				,	
CITY ST ZIP	FORT LAUDERDALE FL			Y-ST-ZIP					
TITLE	\$	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	WILLIAMS, BARBARA		3.2 NAM	E .					
STREET ADDRESS	1300 N. FEDERAL HWY.		3 3 STRE	EET ADDRESS					
CITY - ST - ZIP	FORT LAUDERDALE FL		3.4. CIT	Y-ST-ZIP					
THUE		☐ DELETE	4.1 TITL	Ē T			Change	Addition	
NAME			4. 2 NAA	AE					
STREET ADDRESS			4.3 STRI	EET ADDRESS					
City - ST-ZIP				-ST-ZIP			0.		
TITLE		☐ DELETE	5.1 TITE			البا	Change	Addition	
NAME			5.2 NAV	!					
STREET ADDRESS			5.3 STAI	FET ADDRESS					
C/TY-ST-ZIP				'-ST-ZIP			06	A a sec	
711( E		☐ DELETE	6.1 TITL	·			Change	☐ Addition	
NAME			6.2 NAM	i i					
STREET ADDRESS				EET ADDRESS					
CITY-S1-ZIP	Land that the land the land the land	ind with thin films dans and		-ST-ZiP	ed in Section 119 07(3)(i) Florida Statute	n I further e	ify that	the	

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Williams 4-2-97 954-489-3973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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