

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K44305** (6)

1. Corporation Name
GARY FRONRATH ENTERPRISES, INC.

Principal Place of Business
**4901 N FEDERAL HWY
STE 350
FT. LAUDERDALE FL 33308
US**

Mailing Address
**1300 N. FEDERAL HWY
FT. LAUDERDALE FL 33304
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1988

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 4901 N. Federal Hwy.		59-2915420		<input type="checkbox"/> Not Applicable	
22 City & State		27 Suite 350		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Ft. Lauderdale, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 33308		30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DORER, ERIC J
412 NE 4TH ST
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
30 NE 3rd St.
83
84 **Ft. Lauderdale** **FL** 85 Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PT
NAME	FRONRATH, GARY	1.2 NAME	
STREET ADDRESS	1300 N. FEDERAL HWY.	1.3 STREET ADDRESS	4901 N. Federal Hwy., #350
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VT	2.1 TITLE	
NAME	FRONRATH, GARY	2.2 NAME	
STREET ADDRESS	1300 N. FEDERAL HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	VS
NAME	WILLIAMS, BARBARA	3.2 NAME	
STREET ADDRESS	1300 N. FEDERAL HWY.	3.3 STREET ADDRESS	4901 N. Federal Hwy., #350
CITY-ST-ZIP	FORT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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*

Barbara Williams

4-3-98

954-489-3973

CR2E034 (10/97)