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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K44305

CITY-ST-ZIP

GARY FRONRATH ENTERPRISES, INC.

Principal Place of Business		Mailing Address			- I CENTRINI DIS BIBLI DIDEN IVILI BUID		81611 81811 1	Piali 212/1 (36)		
4901 N FEDERA	AL HWY	4901 N. FEDERAL HWY								
STE 350		SUITE 350			DO NOT WRITE IN THIS SPACE					
FT. LAUDERDALE FL 33308 FT LAUDERDALE FL 3 US US			RS .			3. Date Incorporated or Qualifed				
us		03				11/09/1988				
a Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		- Ap	plied For	
	ace of dualificas	26				59-2915420		No	t Applicable	
Suite, Apt. :	#. etc.	Suite, Apt. #, etc.						\$8.75	Additional	
22		27				5. Certifcate of Status Desired		Fee Re	equired	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	·	Added	to Fees	
Zip	. Country	Zip	Cou	intry		8. This corporation owes the current	nt year Inta	ngible	-J.	
24	25	29	30			Personal Property Tax.			√E/No	
	9. Name and Address of Current	Registered Agent		L.,		10. Name and Address of New Re	gistered A	\gent_		ł
				81	Name					
DORER, ERIC J			82	Street Addre	ss (P.O. Box Number is Not Acceptable)					
30 NE 3RD STREET						·				-
FIL	AUDERDALE FL 33301			83						
				84	City			85 Zip	Code	
				1 (•		<u>FL</u>			1
office or re	egistered agent, or both, in the State o	of Florida. Such change was at	nonze	a by tr	named corpo ne corporation	pration submits this statement for the p n's board of directors. I hereby accept	urpose of o the appoir	changing its itment as re	registered egistered	
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Fior	ida Stat	utes.						l
										ı
SIGNATURE	Signature, based or printed name of registered agent	t and title if applicable (NOTE:	Registered	d Agent s	signature required	when reinstating)	DATE			ء ا
	Signature, typed or printed name of registered agent		Registered	d Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	_	D DIRECTO	ORS IN 12	60
SIGNATURE 12. TITLE	OFFICERS AN				signature required		_	D DIRECTO	ORS IN 12	(44,00)
12.	OFFICERS AND	D DIRECTORS	13.	ITLE	signature required		_			24 (44 (00)
12. TITLE NAME	OFFICERS AND PT FRONRATH, GARY	D DIRECTORS	13. 1.1 TI 1.2 N	ITLE IAME	signature required		_		Addition	(100) 477 (00)
12. TITLE NAME STREET ADDRESS	PT FRONRATH, GARY 4901 N. FEDERAL HWY, SUITE	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	ITLE IAME	ADDRESS		_			00/14/00/
12. TITLE NAME	OFFICERS AND PT FRONRATH, GARY	D DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	ITLE IAME TREET A	ADDRESS		_		Addition	ODOFO24 (44 (08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FRONRATH, GARY 4901 N. FEDERAL HWY, SUITE FT LAUDERDALE FL 33308 VT	D DIRECTORS DELETE 350	13. 1.1 TI 1.2 N 1.3 S 1.4 C	ITLE IAME TREET A ITY-ST-	ADDRESS		_	Change	☐ Addition	VD01007
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT FRONRATH, GARY 4901 N. FEDERAL HWY, SUITE FT LAUDERDALE FL 33308 VT FRONRATH, GARY	D DIRECTORS DELETE 350	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	ITLE AME TREET A ITY-ST- ITLE	ADDRESS		_	Change	☐ Addition	ODOFO34 (44 (08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT FRONRATH, GARY 4901 N. FEDERAL HWY, SUITE FT LAUDERDALE FL 33308 VT FRONRATH, GARY 1300 N. FEDERAL HWY.	D DIRECTORS DELETE 350	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	ITLE AME TREET A ITY-ST- ITLE	ADDRESS ZIP		_	Change	Addition	0001004 (44,000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT FRONRATH, GARY 4901 N. FEDERAL HWY, SUITE FT LAUDERDALE FL 33308 VT FRONRATH, GARY	D DIRECTORS DELETE 350	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	ITLE IAME TREET A ITTY-ST- ITLE IAME TREET A	ADDRESS ZIP		_	Change	☐ Addition	ODOFO24 (44,000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FRONRATH, GARY 4901 N. FEDERAL HWY, SUITE FT LAUDERDALE FL 33308 VT FRONRATH, GARY 1300 N. FEDERAL HWY. FORT LAUDERDALE FL	D DIRECTORS DELETE 350	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	ITLE TREET A SITY-ST-; ITLE TREET A CITY-ST-	ADDRESS ZIP		_	☐ Change	Addition	0001004 (44,000)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PT FRONRATH, GARY 4901 N. FEDERAL HWY, SUITE FT LAUDERDALE FL 33308 VT FRONRATH, GARY 1300 N. FEDERAL HWY. FORT LAUDERDALE FL VS WILLIAMS, BARBARA 34901 N. FEDERAL HWY, SUITE	D DIRECTORS DELETE 350 DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TTLE TREET A TTLE TTLE TTLE TTLE TREET A CITY-ST- TTLE TREET A	ADDRESS ZIP ADDRESS -ZIP ADDRESS		_	☐ Change	Addition Addition	ODOLO34 (44/08)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PT FRONRATH, GARY 4901 N. FEDERAL HWY, SUITE FT LAUDERDALE FL 33308 VT FRONRATH, GARY 1300 N. FEDERAL HWY. FORT LAUDERDALE FL VS WILLIAMS, BARBARA 34901 N. FEDERAL HWY, SUITE	D DIRECTORS DELETE 350 DELETE 350 DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T	ITLE TREET A	ADDRESS ZIP ADDRESS -ZIP ADDRESS ADDRESS		_	☐ Change ☐ Change ☐ Change	Addition Addition Addition	(00) 171 (00)
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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, with all other like empowered.

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90093 032 ***150.00