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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

FILED Mar 16 1998 8:00am Secretary of State

FREGOZI INC			
Principal Place of Business Stro Rouman ST Stro Rouman ST			
5890 ROUMAN ST 5890 ROOMAN ST		DO HOT WOLTE	MIT WOOD OF
Hollywoon FL. Hollywoon FL		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
33023		8/11/1989	
2. Principal Place of Business 21 5 890 /Conman ST 26 5890 Roman ST.		4. FEI Number 65-0156456	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.		63 -0138 +38	Not Applicable \$8.75 Additional
27		5. Certificate of Status Desired	Fee Required
23 Hollywoon, FL 28 Hollywoon,	EC.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip 33023	Country	8. This corporation owes or has paid	
<u> </u>	o USA	Personal Property Tax due June 3	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent			
1-LIAS I acted 1 (object) Sieucecki			
88-77 COLLINS GR B2 Street Address (P.O. Box Number is Not Acceptable)			
	83		
SURFSIDE BAL FL.	84 City /1		RS Zin Code
	<u> </u>	olly woon	FL 33023
11. Pursuant to the prayislons 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. Lan familiar with, and account the obligations of Section 607,0505, Florida Statutes.			
1/1. 1. 1/2 hora 1/2/10/10/10/10/10/10/10/10/10/10/10/10/10/			
	Tegislered Agent signature requir		DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TACKEY ELIAS POLLETE	1.1 TITLE	PISITIO TSLEDLECK	Change
NAME (0101 COLLINS ON 11 F	1.2 NAME	SERT JSLEOLECK	· /
Billetinburkoo	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	tollywood, FL 330	23
TITLE S. DELETE	2.1 TITLE	2001/2000	Change Addition
NAME I Helier l'erla	2.2 NAME		
STREET ADDRESS 1010 COLLINS	2.3 STREET ADDRESS		
CITY-ST-ZIP BAL HAYBOUT FIR 38154	2. 4 CHY-ST-ZIP		
TITLE DELETE	3.1 11TLE		☐ Change ☐ Addition
NAME STREET ADDRESS	3.2 NAME 3.3 STREET ADORESS		
CITY-SI-7IP	3.4. CITY- \$1 - 2\P		
TITLE DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	4. 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY - ST - ZIP		/ITA 81
TITLE DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS	5.2 NAME 5.3 STREET ADDRESS		1/5/1/2
CITY-S1-7IF	5.4 CITY - ST - ZIP		
TILE DELETE	61 TITLE	00000249	☐ ☐ Addition
NAME	6 2 NAME	00000245 -03/16/980100	06020
STREET AODRESS	6 3 STREET ADDRESS	***158.75	
CITY-ST-ZIP	6 4 CITY - ST - ZiP	Control of Ottown Floring	

14. Thereby certify that the information supplied with this hing 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 of the upplemental 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 opposition or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report as required by Chapter 607, Florida Statutes; and that my name appears in - ROBERT J. SLEDLECK! PRO.