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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L51921

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F & R DEVELOPMENT CORP.

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FILED

Jan 29 1997 8:00am

Secretary of State

Principal Place of Business		Mailing Address			f two right out trial fibra taria school libt denst bidit dibt! dibt! dibt! dibt!	
444 BRICKELL AVE.		444 BRICKELL AVE.				
SUITE 1001		SUITE 1001 MIAMI FL 33131-2407				
MIAMI FL 3313	ii	MIAMI FL 33131-2907		-	3. Date incorporated or Qualified 3a. Da	ite of Last Report
					02/19/1990 03/2	21/1996
 -	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		[26]		65-0186218	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Z _(I)	Country		Trust Fund Contribution 8. This corporation has liability for intangible	Added to Fees
24	25		30		Florida Statutes Yes	
1=31	9. Name and Address of Curren		1 -1		10. Name and Address of New Registered	
SCHRAM, RONALD Y.			B1	Name		
	BRICKELL AVE.		82	Stroot	Address (P.O. Box Number is Not Acceptable)	
_	TE 1001		02	SHEEL A	Address (F.W. nov Number is 1901 Acceptable)	
MIAMI FL 33131			83			
			84	City		85 Zip Code
				Ony	FL	nip code
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 harne of trig served agent in at the Tapphentar (NOTE Registerior Agent agent a greature required which reinstating) DATE						
12.	Signature typed or printed name of registered ages OFFICERS AND		13.	nt signature	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS (N. 12
TITLE	T DVS	DELETE	117016	<u>1</u>	D/V/S	Change Addition
NAME	SCHRAM, RONALD Y		1.2 NAME			
STREET ADDRESS	1420 N. OCEAN BLVDE S		1.3 STREET	anner ss		
CITY-ST-ZIP	PALM BEACH FL 33480		14 CHY-S	1		
TITLE	OP	DELETE	21 TITLE	1	D/P	Change
NAME	HESSEL, FRANK JAY		2.2 NAME		, , , , , , , , , , , , , , , , , , ,	, , ,
STREET ADDRESS	444 BRICKELL AVE.		2 3 STREET	ADDRESS		·
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY - S			
TITLE	DVT	☐ DELETE	3.1 11716		D/V/T/AS	Change Addition
NAME	MCGEE, FRANKLIN A		3.2 NAME			
. STREET ADDRESS	444 BRICKELL AVE.		3 3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		34 CHY-S	1 - 21F		
TITLE		DELFTE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	I-ZIP		
TITLE		DELETE	51 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET	address		
CITY-ST-ZIP			5.4 C/TY - SI	I - ZIP		
TITLE		DELETE	6111111			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 S7RECT	address		
,					1	i

14. I do hereby certify that the information supplied with this filling 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 of jual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receive/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 chapter or or an attachment with an address.

CIGNATURE.

Du FAM.G.

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