

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90042 018 \*\*\*158.75

0183755

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L51921**

1. Corporation Name  
**F & R DEVELOPMENT CORP.**



Principal Place of Business

~~444 BRICKELL AVE.~~  
~~SUITE 1001~~  
~~MIAMI FL 33131~~

Mailing Address

~~444 BRICKELL AVE.~~  
~~SUITE 1001~~  
~~MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/19/1990**

4. FEI Number

**65-0186218**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **2801 FLORIDA AVE**

Suite, Apt. #, etc.

22 **12**

City & State

23 **COCONUT GROVE, FL**

Zip Country

24 **33133-1903** 25 **USA**

2a. Mailing Address

26 **2801 FLORIDA AVE**

Suite, Apt. #, etc.

27 **12**

City & State

28 **COCONUT GROVE FL**

Zip Country

29 **33133-1903** 30 **USA**

9. Name and Address of Current Registered Agent

**SCHRAM, RONALD Y.**  
**444 BRICKELL AVE.**  
**SUITE 1001**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2801 FLORIDA AVENUE**

83 **SUITE 12**

84 City **COCONUT GROVE**

85 Zip Code **FL 33133-1903**

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

12. OFFICERS AND DIRECTORS

TITLE **DVS**  DELETE

NAME **SCHRAM, RONALD Y**  
 STREET ADDRESS **444 BRICKELL AVE, STE 1001**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DP**  DELETE

NAME **HESEL, FRANK JAY**  
 STREET ADDRESS **444 BRICKELL AVE.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **DVTS**  DELETE

NAME **MCGEE, FRANKLIN A**  
 STREET ADDRESS **444 BRICKELL AVE.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS **2801 FLORIDA AVE - SUITE 12**  
 1.4 CITY-ST-ZIP **COCONUT GROVE FL 33133-1903**

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS **2801 FLORIDA AVE - SUITE 12**  
 2.4 CITY-ST-ZIP **COCONUT GROVE FL 33133-1903**

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS **2801 FLORIDA AVE - SUITE 12**  
 3.4 CITY-ST-ZIP **COCONUT GROVE FL 33133-1903**

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS

CR2E034 (1/198)