FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCU	MENT # L9745	53 (9)			 		
FRIES AND ASSOCIATES, INC.					1 ADDINETE DER (BIN) (BBN) BIGER BIN	OO MAA OO O	fo 81611 Ajêji (68)
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Principal Place of Business Mailing Address					* *************************************	80 (let Bibl) hible bible be	
22299 SOLITU BOCA RATON		22299 SOLITUDE DR BOCA RATON FL 334	22299 SOLITUDE DR BOCA RATON FL 33428				
					3. Date incorporated or Qualified 08/30/1990	3a. Date of Last 04/14/1	
. Principal Place of Business		2a. Mailing Address	⊢ ¬		4. FEI Number 65-0219278		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Regulred	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.	00 May Be	
Zip Country 25		Z _i p 29	30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
	9. Name and Address of Curr	ent Registered Agent		241 41-014	10. Name and Address of New I	Registered Agent	
EDIES G	NDV D			81 Name			
Fries, gary d 22299 Solitude Dr Boca Raton Fl 33428]*	Street Add	ress (P.C. Box Number is Not Acceptal	blə)	
			1	33			
			-	34 City		85	Zip Code
Pursuant to pr registere	o the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes the above	o named cores	ration submits this statement for the pu	FL	s registered offic
familiar with	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se Signeture typed or protod name of registived ag	orida. Such change was authorization 607.0505, Florida Statutes	tes, the above zed by the co	o named cores	rd of directors. I hereby accept the app	FL	s registered officed agent. I am
familiar with	and agent, or both, in the State of Fic h, and accept the obligations of, Se Signature typed or proted name of registriced ag OFFICERS A	orda. Such change was authorized on 607.0505, Florida Statuted ent and title of any ficative (FM)	tes, the above zed by the co s. DTE Registered A	e-named corpoi orporation's boa gent signature require	rd of directors. I hereby accept the app	PL prose of changing it pointment as register DATE	ECH AGENT. I AM
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SIGNATURE:

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