

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

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # **L97595**

1. Corporation Name
Frysenka Corporation



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

FILED

99 SEP 23 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2841 NE 55th Street Ft.Lauderdale, FL 33308 **2841 NE 55th Street Ft.Lauderdale, FL 33308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0230056		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		Country		Country	
24		29		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Lipka, Eugene T. 2841 NE 55th Street Ft.Lauderdale, FL 33308				81 Name Joseph P. Mullen 82 Street Address (P.O. Box Number is Not Acceptable) 2929 E. Commercial Blvd. 83 Suite PH-C 84 City Ft.Lauderdale FL 85 Zip Code 33308			

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 607.1505, Florida Statutes.

SIGNATURE *Joseph P. Mullen*

(NOTE: Registered Agent signature required when reappointing)

DATE

9/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	Director-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frye, Charles	1.2 NAME	Frye, Charles
STREET ADDRESS	P.O. Box 285 n/a	1.3 STREET ADDRESS	P.O. Box 285 n/a
CITY-ST-ZIP	Bloomingtondale, NJ 07403	1.4 CITY-ST-ZIP	Bloomingtondale, NJ 07403
TITLE	President/Director <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lipka, Eugene T.	2.2 NAME	Lipka, Eugene T.
STREET ADDRESS	2841 NE 55th Street	2.3 STREET ADDRESS	2841 NE 55th Street
CITY-ST-ZIP	Ft.Lauderdale, FL 33308	2.4 CITY-ST-ZIP	Ft.Lauderdale, FL 33308
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosen, Marvin S.	3.2 NAME	Rosen, Marvin S.
STREET ADDRESS	1221 Brickell Ave.	3.3 STREET ADDRESS	1221 Brickell Ave.
CITY-ST-ZIP	Miami, FL 33131	3.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	400003006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-10/05/99-01109-012
STREET ADDRESS		5.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Eugene T. Lipka
Eugene T. Lipka, Director

Date

954-772-1926
Daytime Phone

CR2E034 (11/98)