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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10398

(6)

FRI ANGER ENTERPRISES, INC.

	ER ENTERPRISES, INC.					
Principal Plac	Mailing Address				T JUBETURDE VOT LIRYT BREAR VEFEN FESEN SOM BEDAN REGEL REGEL ROOM BEARES HORT	
400 BLUE LAKE P O BOX 9152 LONGWOOD FI	06	400 BLUE LAKE OR (32779) P O BOX 915206 LONGWOOD FL 32791-5206				
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/10/1986 06/27/1996
Principal Place of Business 1		2a. Mailing Address				4. FEI Number Applied For
Suite, Apt	# ote	26 Suite, Apt. #, etc.				61-0995112 Not Applicat
22		27	27			6. Certificate of Status Desired
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip 24	Country 25	<u> </u>	Zip Coui			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Registered Agent
WOL	LFE, LARRY S.		1	61	Name	
200 - A JOHN KNOX ROAD			ľ	82 Street Address (P.O. Box Number is Not Acceptable)		
IALI	LAHASSEE FL 32303-6643		Ì	83		
I				84	City	FL 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607, registered agent or both, in the S	0502 and 607.1508, Florida Statute tate of Florida. Such change was a	s, the ab	ove by	e-named corporati	oration submits this statement for the purpose of changing its registers ion's board of directors. I hereby accept the appointment as registered
agent La SIGNATURE	am familiar with, and accept the c	physitions of, Section 607.0505, Fiol	ida Stati	utes	\$.	the state of the s
	Signature, typod or printed name of registere			Age	ent signature require	ed when reinstating) DATE
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Tr'LF	PVS	T DEFEIF	1.1 T/T 1.2 NA			
NAME STREET ADDRESS	HARRIS, WELDON 400 BLUE LAKE DR.		4		ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		1		· · · · · · · · · · · · · · · · · · ·	
TITLE				1.4 CITY-\$T-ZIP 2.1 TITLE		☐ Change ☐ Additi
NAME	HARRIS, WELDON		2.2 NAME			
STREET ADDRESS	400 BLUE LAKE DR.		23 ST	REET	ADDRESS	
CITY-St-71F	LONGWOOD FL		2 4 Ci	ijΥ - <u>\$</u>	ST-ZIP	
1911		DELETE	31 TIT	LE		Change Additi
NAME			3.2 NA	ME		
STREET ADORESS			3.3 ST	REET	ADDRESS	
CITY - ST - ZiF		Kriste	3.4. CI		ST-ZIP	These Little
TITLE		☐ DELETE	4.1 7()			Change Additi
NAME ETDECT ADDRESS	i		4.2 N/		**************************************	
STREET ADDRESS					ADDRESS	
C-TY - ST - ZIP TITLE		DELETE	4.4 CIT		5) - ZIP	Change Additi
NAMÉ			5.2 NA			
STREET ADDRESS					ADDRESS	
CITY - ST - ZIP			5.4 CI			
TITLE		DELETE	61111			Change Additi
NAME			62 NA			
STREET ADDRESS			63 ST	AEET	ADDRESS	
CITY-ST-IP			6.4 CIT	Y-S	ST-ZIP	
						in Section 119.07(3)(i), Florida Statutes. I further certify that the
Lam an c	officer or director of the corporation		ared to e			my signature shall have the same legal effect as if made under oath; to take the control of the made under oath; to see that my name the control of the cont