

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P31419** (5)

1. Corporation Name  
**FRANKEL ENTERPRISES, INC.**



Principal Place of Business: **1845 WALNUT ST., 16TH FLOOR PHILADELPHIA PA 19103**  
Mailing Address: **1845 WALNUT ST., 16TH FLOOR PHILADELPHIA PA 19103**

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
Zip: 24 Country: 25  
Zip: 29 Country: 30

3. Date Incorporated or Qualified: **10/17/1990**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **23-1913415**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**HYMAN, SHERRY LEFKOWI  
200 ADMIRALS COVE BLVD  
JUPITER FL 33477**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 85 Zip 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 of the president of the corporation or the principal officer of the corporation

Signature of the Registered Agent or the principal officer of the corporation

(03)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	<b>PD</b>		
NAME	<b>FRANKEL, BENJAMIN</b>		
STREET ADDRESS	<b>1845 WALNUT ST., 16TH FL</b>		
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>		
TITLE	<b>VPSD</b>		
NAME	<b>FRANKEL, THOMAS</b>		
STREET ADDRESS	<b>200 ADMIRALS COVE BLVD</b>		
CITY-ST-ZIP	<b>JUPITER FL</b>		
TITLE	<b>TD</b>		
NAME	<b>FRANKEL, WILLIAM</b>		
STREET ADDRESS	<b>1845 WALNUT ST., 16TH FL</b>		
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Benjamin Frankel* Benjamin Frankel, President 407-744-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)