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95 APR 27 AM 10: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000010371 (1)
 1. Corporation Name
FRANKEL BROS. INC.

Principal Place of Business 3003 PORTOFINO ISLE, F-1 COCONUT CREEK FL 33066	Mailing Address 3003 PORTOFINO ISLE, F-1 COCONUT CREEK FL 33066
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3. Date Incorporated or Qualified 02/10/1993		3a. Date of Last Report 04/26/1994	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	
4. FEI Number 65-0388707		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		25. Zip Country	
29. Zip Country		30. Zip Country	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent FRANKEL, MILTON 3003 PORTOFINO ISLE #F1 COCONUT CREEK FL 33066				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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 **MILTON FRANKEL** *Milton Frankel* DATE **4/19/95**

Signature typed or printed name of registered agent and fee 2 applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANKEL, RONALD G 2547 NORTH 40TH AVENUE HOLLYWOOD FL 33021	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANKEL, ARNOLD A 2407 OAK GARDENS LANE HOLLYWOOD FL 33020	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9315 B. South East Randall Ct. Hobe Sound, FLORIDA 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald Frankel* **Ronald Frankel** DATE **4/19/95** **305 966 3717**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)