

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000016461 (4)

1. Corporation Name
FRIAR & FRIAR, INC.



Principal Place of Business
11017 SAGINAW DRIVE
TEMPLE TERRACE FL 33617

Mailing Address
11017 SAGINAW DRIVE
TEMPLE TERRACE FL 33617-3103

3. Date Incorporated or Qualified 03/01/1993
3a. Date of Last Report 09/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3168276	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country		
29 Zip	30 Country		

9. Name and Address of Current Registered Agent

FLEURY, ROBERT W
11017 SAGINAW DRIVE
TEMPLE TERRACE FL 33617

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEURY, ROBERT W	1.2 NAME	
STREET ADDRESS	11017 SAGINAW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERR. FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STASZAK, DENNIS E	2.2 NAME	
STREET ADDRESS	2916 LINWOOD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL OAK MI	2.4 CITY-ST-ZIP	
TITLE	F	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEURY, ANN M	3.2 NAME	
STREET ADDRESS	11017 SAGINAW XDR	3.3 STREET ADDRESS	11017 SAGINAW DR.
CITY-ST-ZIP	TEMPEL TERRACE FL	3.4 CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<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 do 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.

SIGNATURE: Robert Fleury FLEURY, ROBERT FLEURY FEB 5 1997 813-985-8238

CR2E034 (9/96)