FILE NOW: FILING FEE AFTER MAY 1 IS $~~225.00~~ 200

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000049657 (8)

1. Corporation Name

FRUG ENTERPRISES, INC.

Principal Place of Business

202 COVE LAKE DRIVE
LONGWOOD FL 32779

Mailing Address

202 COVE LAKE DRIVE
LONGWOOD FL 32779

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 07/14/1993

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3191418

☐ Applied For
☐ Not Applicable

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

DAVIDS, DEBRA L
601 SOUTH LAKE DESTINY ROAD
SUITE 200, MAITLAND GREEN BUILDING
MAITLAND FL 32751

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, New Registered Agent ________ DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	FRUMAN, BRIAN	
STREET ADDRESS	131 N. WINTER PARK DR.	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	S	☐ DELETE
NAME	FRUMAN, CAROL	
STREET ADDRESS	202 COVE LAKE DR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	☐ DELETE
NAME	FRUMAN, MARSHALL	
STREET ADDRESS	202 COVE LAKE DR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	P.	☐ DELETE
NAME	BRIAN McKENDREE	
STREET ADDRESS	93 GRIGGS AVE	
CITY-ST-ZIP	CASSELBERRY, FL	
TITLE	DIR	☐ DELETE
NAME	SUSAN McKENDREE	
STREET ADDRESS	93 GRIGGS AVE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntary, 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: Marshall Fruman — 3/28/96 — 407 869 4940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

MARSHALL FRUMAN