

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

FILED

Apr 14 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 # P93000049657 (8)

1. Corporation Name
FRUG ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~202 COVE LAKE DRIVE~~
~~LONGWOOD FL 32779~~
1950 W. LAKE BRANTLEY RD.
LONGWOOD FL 32779

~~202 COVE LAKE DRIVE~~
~~LONGWOOD FL 32779-2312~~
~~1950 W. LAKE BRANTLEY RD~~
PO BOX 915561
LONGWOOD FL 32791

2. Principal Place of Business

2a. Mailing Address

21 1950 W. LAKE BRANTLEY RD
Suite, Apt. #, etc.

26 PO BOX 915561
Suite, Apt. #, etc.

22 Longwood FL
City & State

27 Longwood FL
City & State

23 32779
Zip

28 Longwood FL
Zip

24 Seminole
Country

29 32791
Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/14/1993

3a. Date of Last Report
04/03/1996

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

10. Name and Address of New Registered Agent

DAVIDS, DEBRA L

601 SOUTH LAKE DESTINY ROAD

~~SUITE 200, MATLAND GREEN BUILDING~~

~~MATLAND FL 32751~~

1950 W. LAKE BRANTLEY RD.
LONGWOOD FL 32779

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: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCKENDREE, BRIAN	
STREET ADDRESS	93 GRIGGS AVENUE	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FRUMAN, CAROL	
STREET ADDRESS	202 COVE LAKE DR.	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FRUMAN, MARSHALL	
STREET ADDRESS	202 COVE LAKE DR.	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENDREE, SUSAN	
STREET ADDRESS	93 GRIGGS AVENUE	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 (407) 962-5055
Date Daytime Phone #

CR2E034 (9/96)