

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

FILED  
Jun 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000004433 (6)

1. Corporation Name:

FROSTY AUTO SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1111 S ORLANDO AVE WINTER PARK FL 32789		Mailing Address 200 E ROBINSON STREET STE 1160 ORLANDO FL 32801	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 01/10/1994		4. FEI Number 59-3234124 Applied For 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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

DECKER, RALPH G  
200 E. ROBINSON STREET  
STE. 1160  
ORLANDO FL 32801

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	PD	1.1 TITLE	
NAME	STEWART, PHILLIP H.	1.2 NAME	
STREET ADDRESS	720 S ALDER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	RHODES, FRANK	2.2 NAME	
STREET ADDRESS	715 S ALDER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	KASEL, LENNY	3.2 NAME	
STREET ADDRESS	4205 CORRAGE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 32741	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)