SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 9:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000008331 (8)**

1. Corporation Name

FRASER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
11300 N.W. 23RD ST. PEMBROKE PINES FL 33026	11300 N.W. 23RD ST. PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21 11242 N.W. 15th Ct.
22 Suite, Apt. #, etc.
23 City & State: Pembroke Pines, FL
24 Zip: 33026
25 Country: Broward

2a. Mailing Address
26 11242 N.W. 15th Ct.
27 Suite, Apt. #, etc.
28 City & State: Pembroke Pines, FL
29 Zip: 33026
30 Country: Broward

4. FEI Number: 65-0467140 ☐ 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

SWANGO, CECIL R
11300 N.W. 23RD ST.
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name: Scott L. Fraser
82 Street Address (P.O. Box Number is Not Acceptable): 11242 N.W. 15th Ct
83
84 City: Pembroke Pines FL 85 Zip Code: 33026

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: Scott L. Fraser/Cecil Swango Cecil Swango 6/29/95
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	PD	1.1 TITLE	President	☒ Change ☐ Addition
NAME	SWANGO, CECIL R	1.2 NAME	Fraser, Scott L.	
STREET ADDRESS	11300 N.W. 23RD ST.	1.3 STREET ADDRESS	11242 N.W. 15th Ct.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	1.4 CITY-ST-ZIP	Pembroke Pines FL 33026	
TITLE	VD	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	FRASER, SCOTT L	2.2 NAME	Swango, Cecil K.	
STREET ADDRESS	11242 S.W. 15TH CT.	2.3 STREET ADDRESS	11300 NW 23 St.	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	Pembroke Pines FL 33026	
TITLE		3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME		3.2 NAME	Russell, Susan	
STREET ADDRESS		3.3 STREET ADDRESS	11242 N.W. 15th ct.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Cecil Swango Cecil Swango 06/29/95 1136-5729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024002 CP