

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000008331 (8)

1. Corporation Name

FRASER & ASSOCIATES, INC.



Principal Place of Business

11242 NW 15TH COURT
PEMBROKE PINES FL 33016
US

Mailing Address

11242 NW 15TH COURT
PEMBROKE PINES FL 33026
US

2. Principal Place of Business

21 11906 Flicker Way
Suite, Apt. #, etc.

22 Cooper City, FL

23 Cooper City, FL

24 33026 25 U.S.A.

2a. Mailing Address

26 11906 Flicker Way
Suite, Apt. #, etc.

27 Cooper City, FL

28 Cooper City, FL

29 33026 30 U.S.A.

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

07/07/1995

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

FRASER, SCOTT L
11242 NW 15TH COURT
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11906 FLICKER WAY

83

COOPER CITY,

84

City

FL

85 Zip Code

33026-1236

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
FRASER, SCOTT L
11242 NW 15TH COURT
PEMBROKE PINES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SWANGO, CECIL K
11300 NW 23RD STREET
PEMBROKE PINES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
RUSSELL, SUSAN
11242 NW 15TH COURT
PEMBROKE PINES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
11906 FLICKER WAY
COOPER CITY, FL 33026-1236

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
11906 FLICKER WAY
COOPER CITY, FL 33026-1236

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/96 (305) 348-2880

CR2E034 (12/95)