

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P94000015176 (8)**

1. Corporation Name  
**FRAME & ASSOCIATES, INC.**



Principal Place of Business  
**312 SABINAL ST  
OCOE FL 34761**

Mailing Address  
**312 SABINAL ST  
OCOE FL 34761**

3. Date Incorporated or Qualified <b>02/21/1994</b>	3a. Date of Last Report <b>08/03/1995</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FRAME, THOMAS E 312 SABINAL ST OCOE FL 34761</b>		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 terminating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P FRAME, THOMAS E</b>	1.2 NAME	
STREET ADDRESS	<b>312 SABINAL ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCOE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP FRSAME, MARY ELLE4N</b>	2.2 NAME	<b>VPST FRAME MARY ELLEN</b>
STREET ADDRESS	<b>312 SABINAL ST</b>	2.3 STREET ADDRESS	<b>312 SABINAL ST</b>
CITY-ST-ZIP	<b>OCOE FL</b>	2.4 CITY-ST-ZIP	<b>OCOE FL 34761</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SQFR AME, JENNIFER M</b>	3.2 NAME	
STREET ADDRESS	<b>312 SABINAL ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCOE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T FRAME, KAREN A</b>	4.2 NAME	
STREET ADDRESS	<b>312 SABINAL ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCOE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(c), 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: \_\_\_\_\_ DATE: **1/14/96** (407)656-7243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)