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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

ANNUAL REPORT 1996 DIVISION OF CORPORATIONS P94000016870 (5) DOCUMENT # FROZEN ASSETS, INC. Principal Place of Business Mailing Address 4521 PGA BLVD 4521 PGA BLVD STE 302 STE 302 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1994 08/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0561123 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Γ 28 Trust Fund Contribution Added to Fees Zip Country Zıp Country 8. This corporation has liability for intangible tax under s 199,032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SUGLIO, JAMES 82 Street Address (P.O. Box Number is Not Acceptable) 2295 CORPORATE BLVD NW **STE 211** 83 **BOCA RATON FL 33431** City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1. 1 THILE Change Addition NAME OSTBY, CARL 1.2 NAME 4521 PGA BLVD #302 STREET ADDRESS 1.3 STREET ADORESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE DELETE 5 1 11TLF Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZIP 64 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)(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 cath; 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:

ING OFFICER OR DIRECTOR

(12/95)CR2E034