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

STREET ADDRESS

FILED Mar 09 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9400016870 (5) 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 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 9322 E. RANDALL CT 9322 E. RANDALL CT 65-0561123 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing HOBE SOUND Trust Fund Contribution Added to Fees HOBE SOUN 28 Country 8. This corporation owes or has paid the current year Intangible USA Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name SABATASO, CYNTHIA M 8075 S.E. PALM ST. Street Address (P.O. Box Number is Not Acceptable) **STE 211 HOBE SOUND FL 33455** 83 84 City 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 registored 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE OSTBY, CARL 12 NAME NAME 9322 E. RANDALL CT 4521 PGA BLVD #302 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 HOBE SOUND, FL 3345 1.4 CUTY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZiP

14. Thereby 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.