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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000022751 (9) DOCUMENT #

FRYE'S DOWN-UNDER, INC.

## **FILED** May 01 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				11010 01811 10001 01101 1101 <del>16</del> 01
4131 SW 55TH AVE 4131 SW 55TH AVE						
DAVIE FL 33314 DAVIE FL 33314					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	IS SI ACE
	_				03/24/1994	
	Place of Business	2a. Mailing Address		**	4. FEI Number	Applied For
21		26			65-0476162	Not Applicable
Suite, Apt.	#, <b>e</b> (c.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State		City & State	City & State		4 5	Fee Required
23		28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes 🗌 No
	9, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Register	ed Agent
	YE, LINDA E		81	Name		
	31 <b>S</b> W 55TH AVE		82 Street Ad		ress (P.O. Box Number is Not Acceptable)	
DAVIE FL 33314			83			
			03			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508, Florida St	atules, the above	le-named corr	poration submits this statement for the purposition's board of directors. I hereby accept the	of changing its registered
office or r agent. La	egistered agent, or both, in the St im familiar with, and accept the ob-	ate of Florida. Such change w bligations of, Section 607,0505	as authorized by i. Florida Statutes	the corpora	tion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered		(NOTE: Registered Age	ent signature requi		
12.	OF ICERS.	OF ICERS AND DIRECTORS 13.		Т	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	FRYE, LINDA E	[] bittere	1.1 TITLE 1.2 NAME			Countrie Countries
STREET ADDRESS	4131 SW 55TH AVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	DAVIE FL 33314		1.4 CITY - S			
TITLE	NID.		21 TITLE			Change Addition
NAME	FRYE, DANIEL E		2.2 NAME	1		
STREET ADDRESS	4131 SW 55TH AVE		2.3 STREE1	ADDRESS		
CITY-ST-ZIP	DAVIE FL 33314		2. 4 CITY-5	ST-ZIP		
TITLE			3.1 TITLE			Change Addition
NAME OTOTT ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE			3.4. CITY-S 4.1 TITLE	SI-ZIP	**************************************	Change Addition
NAME			4. 2 NAME			ondings Addition
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	<u>·</u>		4.4 CITY-S			
TITLE	-	☐ DELET <b>e</b>	5.1 TITLE			Change Addition
NAME			5.2 NAME			Į
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		T britze	5.4 CITY - S	1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME CIRCULADROCCO			6.2 NAME	4000000		
STREET ADDRESS			6.3 STREET		•	
CITY-ST-ZIP			6.4 CITY - S	1-211		

I hereby 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 of 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 an antachment with an address.