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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9400023413 (5)

FRISCO NORTH, INC.

Mailing Address

Principal Place of Business

FILED May 06 1997 8:00am Secretary of State



	LLAS & SCRILLING LM WAY, 6TH FL. 602 FL 33480	251 ROYAL PALM PALM BEACH FL US	WAY, 6TH FL		· · · · · · · · · · · · · · · · · · ·	Date of Last Report
9 Principal P	and of Rucinoes	2a. Mailing Addr	200		03/17/1994 0	2/13/1996
2. Principal Place of Business		— ř	26		65-0474122	Applied For Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country	8. This corporation has liability for intangi	
24	25	29	30		Florida Statutes X Yes	□ No
	9. Name and Address of (Current Registered Agent			10. Name and Address of New Register	ed Agent
DE	Mendoza, Mario G III			B1 Name		
251 ROYAL PALM WAY				82 Street A	Address (F.O. Box Number is Not Acceptable)	
6TH FL						
PAL	M BEACH FL 33480			83		
				84 City		85 Zip Code
					•	L
office or r	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	e State of Florida. Such chari	ge was author	ized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE						
	Signature, typed or printed name of regist	 			required when reinstating) DATE	
12.	OFFICER	RS AND DIRECTORS		3.	ADDITIONS/CHANGES TO OFFICERS A P/S/T	Change Addition
TITLE	DE MENDOZA, MARIO G					Citalities (34 Modified)
NAME	251 ROYAL PALM WAY,				DE MENDOZA, MARIO G. III	
STREET ADDRESS	PALM BEACH FL	סווז רג			251 ROYAL PALM WAY, 6th FL	
CITY-ST-ZIP	AS	DE		.4 CITY - ST - ZIP .1 TITLE	PALM BEACH, FL 33480	Change Addition
TITLE NAME	WILKINSON, DEBRA	ر ا				Li change Li Addition
	251 ROYAL PALM WAY,	ATH EI		.2 NAME		
STREET ADDRESS	PALM BEACH FL	OHITC		3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FALM DEAOITTE	DE DE		. 4 CITY+ S1+ ZIP .1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			R -	.2 NAME		ontarigo roomon
STREET ADDRESS				.3 STREET ADDRESS		
••••						
CITY-ST-ZIP TITLE		DE DE		.4. CITY-ST-7(P .1.10LE		Change Addition
NAME				. 2 NAME		
STREET ADDRESS				.3 STREET ADDRESS		
CITY-ST-ZIP				.4 City-St-ZiP		
TITLE		D0		.1 111LE		Change Addition
NAME				2 NAME		
STREET ADDRESS				3 STHEET ADDRESS		
CITY-ST-ZIP				4 CITY-S1-7IP		
TITLE		DI DI		.1 111LE		Change Addition
NAME		<u></u>		.2 NAME		
STREET ADDRESS				.8 STREET ADDRESS		
				i.4 CITY-ST-ZIP	·	
CITY-ST-ZIP			b	A PILIT - 91 - VIL	.	

I do 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 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 or an all asymment with an address.