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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024323 (5)

FRISCO SOUTH, INC.

CITY-ST-ZIP

								(
Principal Place of Business Mailing Address								/B 11118 71888	A BELLE DAMA	
MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, 6TH FL PALM BEACH FL 33480		25	MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, 6TH FL PALM BEACH FL 33480-4302							
US			US				3. Date Incorporated or Qualified 03/23/1994	ed 3a. Date of Last Report 02/13/1996		
2. Principal Pla	ace of Business	28	Mailing Addre	Callag	9 Ca	hd 11dma	4. FEI Number		Ap	plied For
			2a. Mailing Address Mendoza, Callas & Schilling				65-0475575	· · · · · · · · · · · · · · · · · · ·		t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. 251 Royal Palm Way, #602				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing		\$5.00	
23			Palm Beach, FL Zip Country				Trust Fund Contribution		Added to	
Zip	Country		¬ `		USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes \ \begin{align*} \begin{align*} \text{Yes} & \extstyle \text{No} \ext{No} \ex			
24	[25] 9. Name and Address of Current F						Florida Statutes LX Yes L No 10. Name and Address of New Registered Agent			
01							TO. INGINE AND AUDIOSS OF NEW FI	ogistored Age		
	MENDOZA, MARIO G III					Varne ———————				
251 ROYAL PALM WAY 8TH FL PALM BEACH FL 33480						Street Addres	ss (P.O. Box Number is Not Accepta	ıble)		
					63					
					B4 (Dity			85 Zip C	Code
						•		FL		
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	02 and 0 le of Flor gations c	607,1508, Florid rida. Such chang of, Section 607.0	s Statutes, the a ic was authorize 505, Florida Sta	above-med by that atutes.	amed corpo ne corporatio	ration submits this statement for the in's board of directors. I hereby acc	purpose of ch appoin	anging its tment as	s registered registered
SIGNATURE			.,							
SIGNATURE .	Signature, typed or printed name of registerco a	gent and life	e if applicable	(NOTE: Bogister	ed Agent s	signature required	d when reinstating)	DATE		
12.	OFFICERS A	NO DIRE		13.			ADDITIONS/CHANGES TO OFF			
TITLE	D		☐ DEI	ETE 1.11	ITLE	P/S	•		Change	Addition
NAME				: 1.2 N/			E MENDOZA, MARIO G. III			
STREET ADDRESS 251 ROYAL PALM WAY, 6TH FL			1.3 \$1			DRESS 251	251 ROYAL PALM WAY, 6th FL			
CITY-ST-ZIP	PALM BEACH FL				1.4 CDY-S3-ZIP P Z		M BEACH, FL 33480			
TITLE	AS		[] DE	E1E 2.1	LUTE			L	Change	Addition
NAME	WILKINSON, DEBRA				NAME					
STREET ADDRESS				2.3	STREET AD	ORESS				l
CITY-ST-ZIP	PALM BEACH FL	,		2.4	CITY-\$1-	ZIP				
TITLE			☐ DEI	ETE 3.1	TITLE			Ĺ] Change	Addition
NAME				3.21	NAME					
STREET ADDRESS				3.3	STREET AD	DRESS				
CITY-ST-ZIP					C(1Y - S1 -	ZIP		_		
TITLE			☐ DE1	ETE 4.1	TITLE			Ĺ	J Change	Addition
NAME				4. 2	NAME					
STREET ADDRESS				4.3	STREET AD	DRESS				
CITY-ST-ZIP					DHY-ST-2	ZIP				
TITLE			☐ DEI	ETE 51	TITLE				Change	☐ Addition
NAME				5.2	NAME					
STREET ADDRESS				5.3	STREET AD	DRESS				
CITY-ST-ZIP				54	CITY-S1-7	719				
TITLE			☐ DEI	ETE 61	IHLE	 			Change	Addition
NAME				62	NAME					
STREET ADDRESS				6.3	STREET AD	ORESS				

14. 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 12 or Block 12 or on an attachment with an address. 2/11/27