

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrman  
Secretary of State  
DIVISION OF CORPORATIONS

NO FILED  
95 FEB 21 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034382 (9)**

1. Corporation Name  
**FROG BOX, INC.**

Principal Place of Business  
**3599 UNIVERSITY BLVD., STE. 1003  
JACKSONVILLE FL 32218**

Mailing Address  
**3599 UNIVERSITY BLVD., STE. 1003  
JACKSONVILLE FL 32218**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/06/1994</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>P.O. Box 19919</b>
22 City & State	27 <b>Jacksonville, FL 32245</b>
23 Zip	28 <b>32245</b>
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PAUL, HERMAN S  
27488 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 agent 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 607.1505, Florida Statutes.

SIGNATURE *Herman S. Paul* DATE **2/14/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>PARYANI, SHYAM</b>
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., STE. 1003</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32218</b>
TITLE	<b>D</b>
NAME	<b>WELLS, JOHN JR.</b>
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., STE. 1003</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32218</b>
TITLE	<b>D</b>
NAME	<b>MORI, KURT</b>
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., STE. 1003</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32218</b>
TITLE	<b>D</b>
NAME	<b>BHIDE, VASANT</b>
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., STE. 1003</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32218</b>
TITLE	<b>D</b>
NAME	<b>MARSLAND, TOM</b>
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., STE. 1003</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32218</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>300001413303</b>
24 CITY - ST - ZIP	<b>-02/23/95--01027--024</b>
31 TITLE	<b>***200.00</b> <del>***200.00</del>
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Det.</b>
63 STREET ADDRESS	<b>2-21</b>
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)(b), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *S. B. Myrman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**SHYAM PARYANI**

**1/26/95 (904) 346-3338**