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Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000045780 (1)**

1. Corporation Name

**FREY ENTERPRISES, INC.**

Principal Place of Business

**2701 WEST 5TH STREET  
SANFORD FL 32771**

Mailing Address

**643 LAKE DOE BLVD.  
APOPKA FL 32703-5016**

3. Date Incorporated or Qualified <b>06/20/1994</b>	3a. Date of Last Report <b>03/04/1996</b>
4. FEI Number <b>59-3258204</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>2701 W. 5th St.</b>	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 <b>Sanford, FL</b>	28 Zip Country
24 <b>32771</b>	29 <b>30</b>

9. Name and Address of Current Registered Agent	
<b>FREY, ALLEN 643 LAKE DOE BLVD APOPKA FL 32703</b>	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code <b>FL</b>

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 office 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE: **Dolores G. Frey (Dolores Frey)** 3-10-97 (716) 366-6301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone