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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000061900 (4)

1. Corporation Name

FRAZIER REALTY COMPANY



Principal Place of Business

7750 S. TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

7750 S. TAMiami TRAIL
SARASOTA FL 34231

3. Date Incorporated or Qualified

08/23/1994

3a. Date of Last Report

07/05/1995

2. Principal Place of Business

21 4489 DIAMOND CIR E

Suite, Apt. #, etc.

2a. Mailing Address

26 4489 Diamond Cir E

Suite, Apt. #, etc.

City & State

23 Sarasota Fla

City & State

28 Sarasota Fla

Zip

24 34233

Country

25 Sarasota

Zip

29 34233

Country

30 Sarasota

9. Name and Address of Current Registered Agent

FRAZIER, LARRY D.
7750 S. TAMiami TR.
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

LARRY FRAZIER

82 Street Address (P.O. Box Number is Not Acceptable)

4489 DIAMOND CIR E

83

84 City

SARASOTA

FL

85 Zip Code

34233

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of officer or director of corporation (handwritten)

Signature of Registered Agent (handwritten)

5-23-96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/23/96 Daytime Phone #

CR2E034 (12/95)