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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9500000083 (2)

•	Corporation Name	•	_	•	•		\ _
	A FRANT ELITERRAL	000					

C. FROS	ST ENTERPRISES, INC.							
Principal Place o	of Business	Mailing Address			100 60 100 10 0 0 1 0 0 1	uu iii uu ii uu ii uu iii i		
27643 S.R. 54 WESLEY CHAP		27643 S.R. 54 WEST WESLEY CHAPEL FL :	33543					
					3. Date Incorporated or Qualified 01/01/1995	3a. Date of Las	st Report	
2. Principal Plac	ce of Business	2a. Mailing Arldress			4. FEI Number	l	Applied For	
1		26			59-3278457			
Suite, Ant. #	etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired		. 75 Additional ee Required	
City & State		City & State			6. Election Campaign Financing		.00 May Be	
3		28			Trust Fund Contribution		ided to Fees	
Zip	Country	Zip	Coun	lry	8. This corporation has liability for	_	ers 199.032,	
4	25 9. Name and Address of Curren	29	30		Florida Statutes	No No		
	9, Name and Address of Curren	it Registereo Agent		31 Name	10. Name and Address of New I	registered Agent		
FROST, J	OHN T			1	ess (P.O. Box Number is Not Acceptable)			
27643 S.I	R. 54 WEST				ess (1.0. Dox Number is Not Pocepter			
WESLEY	CHAPEL FL 33543		ľ	33				
			Ī	B4 City		FL 85	Zip Code	
SIGNATURE	i, and accept the obligations of, Soct ignature, typical or protect no neighbors against OFFICERS AN			gent signature require	d when reinstaling) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIFFE	OTORS IN 12	
TITLE	D	[] DELETE	1. 1 TU	LF		Cha	nge 🔲 Addition	
NAME	FROST, JOHN E		1.2 NAI	/E				
STREET ADDRESS	27643 S.R. 54 WEST		1.3 STF	SET ADDRESS				
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	PO DOLETE		Y - ST - ZIP		C Chai	ige [] Addition	
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NAME STREET ADDRESS	FROST, CHRISTOPHER M 27643 S.R. 54 WEST			EET ADDRESS				
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TITLE		[] DELFIE	6 1 Til	it		☐ Cha	nge 🔲 Addition	
NAME			6.2 NA					
STREET ADDRESS				REFT ADDRESS				
CITY-ST-ZIP	and the tipat the information are all and	with this films is valuntarily fi-		Y-ST-ZIF	for the exemption stated in Section 119	0.07(3)(k) Florida S	tatutes I further	
certify that	the information indicated on this and	ual renort or supplemental ar	inual recort is	true and accura	ate and that my signature shall have the second of the sec	e same leoal effect	as if made under	

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813991-4874

Daylime Phone #