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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000023546 (1)

FREY, BURKE & FREY ENTERPRISES, INC.

**FILED** Apr 11 1997 8:00am Secretary of State

312 DEVONSHIRE LANE PO BOX 639 ORANGE PARK FL 32073 ORANGE PARK FL US US		ORANGE PARK FL 32067-	-0639					
					<ol> <li>Date Incorporated or Qualified 03/22/1995</li> </ol>		ate of Last Re 1 <b>18/1996</b>	eport
2. Principal P	face of Business	2a. Mailing Address		· ,	4. FEI Number		Ap	oplied For
21		26			59-3299891		No	ot Applicable
Sate, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	Ŋ.	\$8.75 A Fee Re	
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip <b>24</b>		Ζφ 29	Country 30	·		Yes	No.	. 199.032,
	9. Name and Address of Cur	rent Registered Agent	81	<b>.</b>	10. Name and Address of New Re	gistered	Agent	
	VATER, GREGORY L		81	Name				
1279 KINGSLEY AVE., STE. 102 Orange Park Fl. 32073			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
			83					
			84	City	, , , , , , , , , , , , , , , , , , ,	FL	<b>85</b> Zip (	Code
office or r	registered agent, or both, in the St im famil ar with, and accept the ob	ate of Florida. Such change was digations of, Section 607.0505, Fl	authorized b lorida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acceptions when reinstating)	of the app	ointment as	registered
12.	Stignature by sed or printed name of registered OFFICE RS	AND DIRECTORS	13.	ent signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TIELE	DST	DELETE	1.1 TITLE		7,5511,610,617,110,5317,6	21107111	Change	Addition
NAME	FREY, FRED		1.2 NAME					_
STREET ACCORESS	312 DEVONSHIRE LANE			ADDRESS				
ČH či STi ZIP	ORANGE PARK FL		1.4 City-:					
1016	DP	DELETE	2.1 TITLE	,. <sub>L</sub> .,			Change	Addition
NAME	BURKE, WILLIAM		2.2 NAME					
STREET ADDRESS	4915 SE MARINER VILLAGE	LANE	23 STREE	ADDRESS				
ÇITY-ST-ZIP	STUART FL		2.4 CITY-	ST-ZIP		41		
TiTif	D	DELETE	3.1 TITLE				Change	Addition
NAME	FREY, MICHAEL		3.2 NAME					
STREET ACCORDESS	312 DEVONSHIRE LANE		3.3 STREE	ADDRESS				
CH r - ST - ZIP	ORANGE PARK FL 32073		3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		- <del> </del>	T1,
TETEF		DELETE	4.1 TITLE				L Change	Addition
NAME			4. 2 NAME					
STEELT AF DRESS				FADDRESS				
CHY ST ZIP		Therete	4.4 CITY -	ST-ZIP	***************************************		Phanas	Addition
THILE		L_I DELETE	5.1 TITLE				[] Change	L.J. Addition
NAME			5.2 NAME	E ADDRESS				
STEEL FAHILIES				ADDRESS				
COLF-ST ZIE		DELETE	5.4 CITY - 6.1 TITLE	51 · ZIP	Addition to the state of the st		Change	Addition
DHLF MANU			6.1 HILE 6.2 NAME				E. Orioniga	L Addition
NAME STEEL ADORESS				I ADDRESS				
Office ST. Air			6.4 CITY -					
SHEET STORY	1		■ 0.4 LHY-	21 T L L				

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 an attachment with an address.

SIGNATURE:

9042760326