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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023546 (1)

FREY, BURKE & FREY ENTERPRISES, INC.

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Principal Plac	e of Busines			M	lailing Address				$\neg \neg$	- 1 TO BY INDUSTRIAL COURT BOTH BOTH BOTH BOTH HOUR SHOP BY BUILD BY IN 1901		
312 DEVONSHIRE LANE			PO BOX 639									
ORANGE PARK FL 32073				ORANGE PARK FL 32067				- 1				
US				·	US				}	DO NOT WRITE IN THIS SPACE		
										3, Date incorporated or Qualified 03/22/1995		
2. Principal Place of Business				28	2a. Mailing Address					4. FEI Number Applied For	$\dashv$	
21				——————————————————————————————————————	26				1	<b>59-3299891</b> Not Applicat	le l	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					SR 75 Additional	$\dashv$	
22				27	27					5. Certificate of Status Desired See Required	l	
City & State					City & State					6. Election Campaign Financing \$5.00 May Be		
23				28						Trust Fund Contribution Added to Fees		
Zip		Cor	ntry		Zip		untry	,		8. This corporation owes or has paid the current year Intangible	- 1	
24		25	<del> </del>	29	<del> </del>	30				Personal Property Tax due June 30. Yes No	_	
			dress of Currer	n Regis	stered Agent		0.4			10. Name and Address of New Registered Agent	-1	
	WATER, GI						B1	Name				
1279 KINGSLEY AVE., STE. 102 ORANGE PARK FL 32073								Street	Addres	dress (P.O. Box Number is Not Acceptable)		
OH	KANGE PAF	K FL 3	2073					ļ. <u></u> .			4	
							83				- 1	
							84	City		FL 85 Zip Code	$\neg$	
44 Burniant	to the provide	orana of C	polices 607 050		207 1600 Elorida State	ton the n	h <b>o</b> w	o named	001001			
office or r	registered ag	gent, or b	oth, in the State	of Flori	ida. Such change was	authorize	d by	y the corp	poration	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	١	
agent. I a	ım <b>tam</b> iliar w	ith, and a	accept the oblig	ations o	of, Section 607 0505, F	lorida Sta	lutes	S.				
SIGNATURE	Slonehure hyper	d or pouled I	name of registered age	ord and bac	e if sout, able / /NC	TF: Registere	ed Acie	ent sinnatura	required	d when reinstating) DATE	-	
12.	Old Mario C. 1994	0.0	OFFICERS AN			13.		on og latore	1040104	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\dashv$	
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NAME								1.2 NAME		ICHAEL Advan FREY LIBRIUS DE ADDRES		
STREET ADDRESS							1.3 STREET ADDRESS 3		31	12 DEVONSTARE		
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14. Thereby 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.

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and = 276 - A326

**FILED** 

May 04 1998 8:00am

Secretary of State