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MILTON FL 32570

PROFIT CORPORATION ANNUAL REPORT

1999

MILTON FL 32570



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000054415

FROG SAVER ENTERPRISES, INC.

Principal Place of Business Mailing Address
16 ANDROMEDA DR 16 ANDROMEDA DR

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90001 012 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/11/1995

	ace of Business	2a. Mailing Ad	idress			1	Number			I A	oplied For	
21		26				59	-3327594			N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			F. Cor	tifcate of Status	Docired		+ - · · · -	Additional	
22		27				J. Cei	incate of Status	Desired		Fee R	equired	
- City & State	•	City & Sta	ite			6. Elec	ction Campaign f	inancing		\$5.00	May Be	
23		28				Tru	st Fund Contribu	tion		Added	to Fees	
Zip	Country	Zip		Country		8. This	s corporation owe	es the curr	ent year inta	angible		
24	25	29	30	il		Per	sonal Property T	ax.		Yes	ŒNo_	
	9. Name and Address of Current	Registered Ager	yt			10. Na	me and Address	of New F	Registered	Agent		
				81	Name						1	
PARR, JEFFREY A				82	82 Street Address (P.O. Box Number is Not Acceptable)							
16 ANDROMEDA DR												
MILT	ON FL 32570			83								
				-	0:4					85 Zip	Code	
				84	City				FL	63 21P	Code	
11. Pursuant f	to the provisions of Sections 607.0502	and 607.1508, FI	orida Statutes,	the above	e-named co	orporation sub	bmits this statem	ent for the	purpose of	changing it	s registered	
office or re	egistered agent, or both, in the State of	f Florida. Such ch	ange was auth	orized by	the corpor.	ation's board	of directors, I he	reby accer	ot the appoir	ntment as n	egistered	
	m familiar with, and accept the obligation	ons di, decilon de	77.0000, T 10HUC	, Cialuics								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	gistered Agen	nt signature req	quired when reinsta	ting)		DATE			
				13.		ADD	ITIONS/CHANG	ES TO OF	FICERS AN	D DIRECT	DRS IN 12	
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I 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 informatic 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, with all other like empowered.

SIGNATURE:

URE AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

f/4/99 (850) 626-4341