SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000068617 (6)

FISHBONE FRED ENTERPRISES, INC.

Principal Place of Business

Mailing Address

21391 SAWMILL COURT BOCA RATON FL 33498

TITLE

NAME

STREET ADDRESS

21391 SAWMILL COURT



97 SEP -4 PM 3:51

SECRETARY OF STATE TALLAHASSEE FLORIDA



| BOGA HATON FL 33498 | | BOCA RATON FL 33498 | | DO NOT WRITE IN THIS SPACE | |
|---|--|-----------------------------|-----------------------------------|--|--------------------------------|
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | | 09/06/1995 | 09/13/1996 |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 904 | | | ONTANA BWD | 65-0312200 | Not Applicable |
| Suite, Apt. 22 5 W. | ta C-13 | Suita Apt. #, etc. | 3 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat 23 DOC 0. | | City & State 28 Boco Rator | FL | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 3349 | Country 25 U.S.A | Zip 29 33467 30 | Country U.S.A. | 8. This corporation owes or has pair Personal Property Tax due June | d the current year Intangible |
| | 9. Name and Address of Current I | | 1 1 2 1 1 | 10. Name and Address of New Reg | |
| PREISER, STANLEY E 81 Name | | | | | |
| 7256 MANDARIN DRIVE 82 Stree | | | 82 Street Addre | Address (P.O. Box Number is Not Acceptable) | |
| BOCA RATON FL 33433 | | | direct Addit | ess (r.o. box Number is Not Acceptable | θ, |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | | FL ' |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, 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, typed or printed name of registered against | | ngistered Agont signature require | | DATE |
| 12. | OFFICERS AND I | | 13. | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | PREISER, TERRI E | ☐ DEFEAE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME STOREY ADDRESS | 21391 SAW MILL COURT | | 1.2 NAME | | |
| STREET ADDRESS | BOCA RATON FL 33498 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | DP DP | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| NAME | DELP, FRED B | out it | 2.2 NAME | | Charge C Andrion |
| STREET ADDRESS | 21391 SAWMILL COURT | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33498 | | 2.4 CITY-ST-ZIP | | |
| TITLE | DVP | DELETE | 3.1 TITLE | | Change Addition |
| NAME | SCHAEFER, JEFFREY | _ | 3.2 NAME | | |
| STREET ADDRESS | 2956 BLOOMFIELD PARK DRIV | E | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | W. BLOOMFIELD MI 48323 | | 3 4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | 5000 <u>022</u> | 862358 701111014 |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | -09/05/9 | 3701111014 |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | ****165 | 5.00 ****165.00 |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-Z | | | 5.4 CITY . ST. 7IP | | |

CITY-ST-ZIP

14. I do hereby certify that the information supplied with the 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 of supplemental annual report is frue and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the sepretation or the regiver 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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

2E034 (4/97)

Change

Addition

Certified Public Accountants

4842 Willow Drive Boca Raton, FL 33487 Telephone (561) 997-7560 Facsimile (561) 997-6366

July 28, 1997

Divisions of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: Fishbone Fred Enterprises, Inc. (P95000068617)

Dear Sir or Madam:

My client just received notification that their annual report has not been filed for 1997, and I am responding on their behalf.

I assist many clients in the preparation and filing of their annual reports. After preparation, the annual report is mailed to the client with filing instructions, which specifically alert the client to the due date and the penalties associated with late filing. My records indicate that I forwarded a prepared annual report to my client, on a timely basis, with the aforementioned instructions.

I can only assume that the report was lost in the mail before reaching my client. I am very familiar with the bill paying practices of my client especially when it relates to State or Federal filings. I never remember this client receiving a penalty for filing late. I cannot imagine my client receiving the annual report from my office and failing to file it on a timely basis.

Enclosed herein please find a check for \$ 165.00 payable to the Department of State, along with the 1997 annual report. I respectfully request that you accept this as payment in full. Your cooperation and understanding in this matter will be greatly appreciated.

Very truly yours,

Mut W. Sucker, C. P.A.
Robert W. Zucker, C. P.A.