FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000069410 (5)

1. Corporation Name
FRAMES ETC., INC OF PEMBROKE PINES

Principal Place of Business
234 SOUTH FLAMINGO ROAD
PEMBROKE PINES FL 33027

Mailing Address
234 SOUTH FLAMINGO ROAD
PEMBROKE PINES FL 33027-1721

3. Date Incorporated or Qualified: 09/08/1995
3a. Date of Last Report: 10/18/1996

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0388403 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
NORDWALL, ANN
921 SW 176 AVENUE
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent
81 Name: Sheila Alman
82 Street Address (P.O. Box Number is Not Acceptable): 8011 Bluveridge Lane
83 Parkland, FL 33067
84 City: FL 85 Zip Code: 33067

11. Pursuant to the provisions of Sections 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: Sheila Alman, P/S — Signature, typed or printed name of registered agent and title, if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 4-16-97

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	NORDWALL, ANN	
STREET ADDRESS	921 SW 176 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VP	☒ DELETE
NAME	HOOD, MICHAEL	
STREET ADDRESS	18204 SW 20 STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	ST	☒ DELETE
NAME	HOOD, THERESE	
STREET ADDRESS	18204 SW 20 STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S	☒ Change ☐ Addition
1.2 NAME	Sheila Alman	
1.3 STREET ADDRESS	8011 Bluveridge Lane	
1.4 CITY-ST-ZIP	Parkland, FL 33067	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: Sheila Alman — 4-16-97 — 954-435-7550

CR2E034 (9/96)