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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000075229 (1)

1. Corporation Name

F.R.S., INC.

Principal Place of Business

Mailing Address

3018 U.S. HIGHWAY 301 NORTH, SUITE 110
TAMPA FL 33619
US

3018 U.S. HIGHWAY 301 NORTH, SUITE 110
TAMPA FL 33619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1995

4. FEI Number

65-0627166

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1737 E. Commercial Blvd

26 1737 E. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

24 Zip 33334

Country USA

29 Zip 33334

Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAFFER, STANLEY
1737 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33334

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SCHAFFER, STAN
STREET ADDRESS 1737 E. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE VPD
NAME SCHAFFER, FREDERICK
STREET ADDRESS 1737 E. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE SD
NAME SCHAFFER, FAITH
STREET ADDRESS 1737 E. COMMERCIAL BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 incorporator 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

4/21/98 10:41:22 8300

CP2E034 (10/97)