SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996		Secrei DIVISION OF	CORPORA	ATIONS			
DOCUN 1. Corporation	Name	00079	9640 (5	5)				
FRIAR'S	S, INC.							
Principal Place	of Business	Mailir	ng Address			I IOBAIORA YEO (BIO) DAIRE ONNIA DOI	II 18III 88III IBI	110 18140 BILLE BIOKE BOKE 1891
1831 EAST COURT 1831 EAST COURT								
WEST PALM E	BEACH FL 33406	WE:	ST PALM BEACH F	·L 33406		3. Date Incorporated or Qualifie	d 3a . D	ate of Last Report
2 Principal Pt	ane of Business	2a M	ailing Address			10/17/1995 4. FEI Number		Applied For
2. Principal Place of Business Suite, Apt. #, etc		26	26 Suite, Apt #, etc			65-0620792		Not Applicable
		├ ─¬				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		27 C	ity & State			6. Election Campaign Financing		\$5.00 May Be
3		28	.,			Trust Fund Contribution	<u> </u>	Added to Fees
Zip	Country		ib	₁	intry	This corporation has liability f Florida Statutes	or intangible	
4	9. Name and Address of Curre	29 ent Register	ed Agent	30		10. Name and Address of New		
CR	ONE, RONALD A	<u> </u>			81 Name			
	31 EAST COURT				82 Street Add	Iress (P.O. Box Number is Not Accep	table) .	
WE	ST PALM BEACH FL 33406				83		.,	
					84 City		FL	
ii. Pursuani t	distanced account or both, in the State	do of Elonda	1508, Florida Stati Such change was	utes, the ab	sove-named corp	poration submits this statement for the ion's heard of directors. I beset ward	ent the anno	Softment as registered
SIGNATURE	Signature, typed or printed name or registered a	agent and title if ar	produc (N	Off Hogstern	oove-named corp I by the corporati utes a Agent signature requ		Z II SATE	96
SIGNATURE	Signature, typed or printed name or registered a	line	produc (N		d Agent signature requ		Z II SATE	D DIRECTORS IN 12
SIGNATURE :	Signalure, typed or printed name or registered a OFFICERS A	agent and title if ar	OPS (N	(Off Augistere	d Agent signature requ	red wher recistaling)	Z II SATE	D DIRECTORS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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