FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600008690 (5)

JACQUELINE FRYE, P.A.

Jacqueline Bibeau, P. A.

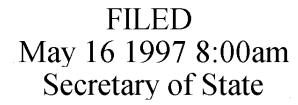
NC 125

Principal Place of Business

1001 SE 6TH AVE #E225

Mailing Address

1001 SE 6TH AVE #E225 DEERFIELD BEACH FL 33441-698





DEERFIELD BEACH FL 33441			DEERFIELD BEACH FL 33441-6984										
							}	3. Date Inco 01/24/1	rporated or Qualified	3a. C	ate of Las	t Repor	t
2. Principal Place of Business			2s. Mailing Address					4. FEI Number 65-0633592				Applie	
21			26					05-0	633592				plicable
Suite, Apt 1	#, etc.	Suite, Apt. #, etc.					5. Certificate	of Status Desired	\$8.75 Additional Fee Required				
City & State	3		City & St 28	tate					ampaign Financing Contribution)O May	
Zip aal	Cou 25	ntry	Z ₁ p		Count 30	ry		8. This corpo	oration has tiability for	intangibl		rs. 199	0.032,
24	g. Name and Add	dress of Current F			30		<u>-</u> <u>-</u> <u>-</u>		d Address of New R				
FDVI	E, JACQUELINE				8	1 Name		······································	······································				
1001 SE 6TH AVE #E225						6 6	Jacqueline Bibeau Address (P.O. Box Number is Not Acceptable)						
	RFIELD BEACH FL				8		Sam	8 (P.O. BOX NO 1 e	Imber is Not Accepta	IDIO)			
					8								
					8	4 City				FL	85 Z	ip Code	-
office or re agent. I ar	o the provisions of Segistered agent, or be n familiar with, and a	oth, in the State of accept the obligation	ind 607.1508, I Florida. Such ons of, Section	Florida Statute change was a 607.0505, Flo	es, the abouthorized lorida Statut	ve-named by the coles.	d corpora rporation	ation submits t 's board of dir	his statement for the ectors. I hereby acce	purpose o	of changin pointment	g its rec as regi	gistered stered
SIGNATURE	Signatur typed printed n	arrie of registered agent a		(NOTE	: Registered A	gent signatu	re required t	when reinstating)		DATE			
12.	(Z 1)	OFFICERS AND D			13.			ADDITIONS	CHANGES TO OFFI				
TITLE	PS LOOUE	MIF	Ĺ	DELETE	1,1 TITLE		_		NAM		Chang)e [Addition
NAME	FRYE, JACQUEL				1.2 NAM		1 -	BEAU,	Jacqueli	ne			
STREET ADDRESS	1001 SE 6TH AV				1	ET ADDRESS	Sa	ıme					
CITY - ST - ZIF TITLE	DECRIFICIO DEN	OIITL SOTTI	Т	DELETE	1.4 CITY 2.1 TITLE	-	 				Chang	<u>. </u>	Addition
NAME			L		2.2 NAM	•						~ _	radillo
STREET ADDRESS						t address							
CITY-ST-ZIP						-ST-ZIP		*					
TITLE			Ľ	DELETE	3.1 TITLE	***************************************	1	************************		····	☐ Chang	e C	Addition
NAME					3.2 NAM	E							
STREET ADDRESS					3.3 STRE	et address							
CITY ST-ZIP					3.4. CITY	-ST-ZIP							
TITLE				DELETE	4.1 TITLE						Chang)e [Addition
NAME					4. 2 NAN	E							
STREET ADDRESS					4.3 STRE	et address							
CHTY - ST - ZIP				T DELEVE	4.4 CITY		 						Taian.
TIFLE			L	DELETE	5.1 TITLE						Chang)* L.	Addition
NAME					5.2 NAM					/	`) <u>,</u>	Y	
STREET ADDRESS						ET ADDRESS				(de	1	
CITY-S1-ZIP TITLE			r	DELETE	5.4 CITY 6.1 TITLE						Chang	ye	Addition
NAME			L.	_ Journ	6.2 NAM			10	000219	357		,	1 Maninari
STREET ADDRESS						et address		- 09	00021 9 /30/97010)1 5 0	141		
City-SL-7iP						- 51-71P		***	165.00		•		

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 in changed, or on an attachment with an address.

SIGNATURE:

MC JULIUM JULIUM AND OF THE OF DIRECTOR

12-21-97

Daytime Ptyone #