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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT** #

P96000054596 (7) FRANGUARD, INC. Principal Place of Business Mailing Address 14740 SW 83 PLACE 14740 SW 83 PLACE MIAMI FL 33158 MIAMI FL 33158 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 06/25/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0684110 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes No. 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MELGAARD, TODD L MR. 14740 S.W. 83 PLACE Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33158** R3 84 City Zip Code 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. 13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETÉ TITLE 1.1 TITLE Change MELGAARD, TO DD MELGAARD, TOPO 1.2 NAME NAME 14740 SW 83 PLACE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 2.1 TITLE MELGAARD, FRANCES 2.2 NAME NAME 14740 SW 83 PLACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 THTLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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:

CR2E034 (10/97

FILED

Mar 23 1998 8:00am

Secretary of State