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Apr 08 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 # P96000056702 (9)

1. Corporation Name
WILLIAM FRANK, P.A.

Principal Place of Business
2255 GLADES RD SUITE 236W
BOCA RATON FL 33431

Mailing Address
2255 GLADES RD SUITE 236W
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/15/1996	
22 18459 PINES BLVD. # 309		27 18459 PINES BLVD # 309		4. FEI Number	
23 City & State		28 City & State		65-0682246	
24 33029		29 33029		Applied For	
25 BROWARD		30 BROWARD		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
FRANK, WILLIAM H				<input type="checkbox"/> \$8.75 Additional Fee Required	
2255 GLADES RD SUITE 236W				6. Election Campaign Financing	
BOCA RATON FL 33431				Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name				FRANK, WILLIAM H	
82 Street Address (P.O. Box Number is Not Acceptable)				18459 PINES BLVD #309	
83					
84 City				PEMBROKE PINES FL	
				85 Zip Code	
				33029	

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

WILLIAM H. FRANK

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	D	1.1 TITLE	D
NAME	FRANK, WILLIAM H	1.2 NAME	FRANK, WILLIAM H
STREET ADDRESS	2255 GLADES RD SUITE 236W	1.3 STREET ADDRESS	18459 PINES BLVD # 309
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: WILLIAM H. FRANK

954-430-0236

CR2E034 (10/97)