


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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000061095 (1)

1. Corporation Name
FRITZ EQUITIES, INC.



Principal Place of Business 6072 WEST FOURTH AVENUE HIALEAH FL 33014	Mailing Address 6072 WEST FOURTH AVENUE HIALEAH FL 33014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 26100 SW 112 Ave Suite, Apt. #, etc.		2a. Mailing Address 26 26100 SW 112 Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/18/1996	
22 City & State 23 Homestead Fla		27 City & State 28 Homestead Fla		4. FEI Number 65-0683977	
24 Zip 33032		25 Country Wade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33032		27 Country Wade		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 33032		29 Country Wade		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	

9. Name and Address of Current Registered Agent CROWN, HOWARD L C/O GRANT, FRIDKIN, & PEARSON P.A. 5551 RIDGEWOOD DR SUITE 501 NAPLES FL 34108		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, JOYCE	1.2 NAME	
STREET ADDRESS	6072 WEST FOURTH AVENUE	1.3 STREET ADDRESS	26100 SW 112 Ave
CITY-ST-ZIP	HIALEAH FL 33014	1.4 CITY-ST-ZIP	Homestead Fla 33032
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, JOHN CALVIN	2.2 NAME	
STREET ADDRESS	6072 WEST FOURTH AVENUE	2.3 STREET ADDRESS	26100 SW 112 Ave
CITY-ST-ZIP	HIALEAH FL 33014	2.4 CITY-ST-ZIP	Homestead, Fla 33032
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, JAMES LOUIS	3.2 NAME	
STREET ADDRESS	6072 WEST FOURTH AVENUE	3.3 STREET ADDRESS	26100 SW 112 Ave
CITY-ST-ZIP	HIALEAH FL 33014	3.4 CITY-ST-ZIP	Homestead Fla 33032
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, JENNIFER FRITZ	4.2 NAME	
STREET ADDRESS	6072 WEST FOURTH AVENUE	4.3 STREET ADDRESS	26100 SW 112 Ave
CITY-ST-ZIP	HIALEAH FL 33014	4.4 CITY-ST-ZIP	Homestead, Fla 33032
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, JEFFREY ERROL	5.2 NAME	
STREET ADDRESS	6072 WEST FOURTH AVENUE	5.3 STREET ADDRESS	26100 SW 112 Ave
CITY-ST-ZIP	HIALEAH FL 33014	5.4 CITY-ST-ZIP	Homestead, Fla 33032
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, JACK STEPHEN	6.2 NAME	
STREET ADDRESS	6072 WEST FOURTH AVENUE	6.3 STREET ADDRESS	26100 SW 112 Ave
CITY-ST-ZIP	HIALEAH FL 33014	6.4 CITY-ST-ZIP	Homestead Fla 33032

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 _____ DATE _____

CFR2E034 (10/97)