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

Mailing Address

26100 SW 112 AVE HOMESTEAD FL 33032

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600061095

FRITZ EQUITIES, INC.

Principal Place of Business

26100 SW 112 AVE

HOMESTEAD FL 33032

US .		ŲS						
00		-			3. Date Incorporated or Qualifed 07/18/1996			
2 Principal P	Place of Business	2a. Mailing Address		·	4. FEI Number	$ \Box$	Applied For	
-	26				65-0683977		Not Applicable	
Suite Ant	te, Apt. #, etc. Suite, Apt. #, etc.						5 Additional	
22	27				5. Certificate of Status Desired Fee Required			
City & State City & State					6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Country	у	8. This corporation owes the current year	Intangible		
24	25	29 3	10		Personal Property Tax.	Yes	₹ I No	
,	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registers	ad Agent		
			81	Name				
	CROWN, HOWARD L							
C/O GRANT, FRIDKIN, & PEARSON P.A.			82 Street Address (P.O. Box Number is Not Acceptable)					
5551 RIDGEWOOD DR SUITE 501			83	3				
NAPLES FL 34108								
, u			84	City	· F	85 Zi	p Code	
				J	poration submits this statement for the purpose	— 1 1		
office or a agent, I a	registered agent, or both, in the State arm familiar with, and accept the oblig	e of Florida. Such change was auti	norized by	/ the corporati	on's board of directors. I hereby accept the app	oointment as	registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	Registered Age	ant signature require	od when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Chang	je 🗌 Additio	
NAME	FRITZ, JOYCE		1.2 NAME					
STREET ADDRESS	GOLOG CIN ALG AVE		13.STREE	ET ADDRESS				
	HOMESTEAD FL 33032		1.4 CITY-5					
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	31-ZIF		[] Chang	je 🔲 Additio	
	FRITZ, JOHN CALVIN		2.2 NAME	İ				
NAME	00400 CM 440 AME							
STREET ADDRESS	1			ET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL 33032		2. 4 CITY-	ST-ZIP			- Additio	
TITLE	D	☐ DELETE	3.1 TITLE			Chang	ge Addition	
NAME "	FRITZ, JAMES LOUIS	-	3.2 NAME					
STREET ADDRESS			3.3 STREE	ET ADDRESS		•		
CITY-ST-ZIP	HOMESTEAD FL 33032		3.4. CITY-	ST-ZIP				
TITLE	D	☐ DELETE	4,1 TITLE			Chang	ge 🔲 Additio	
NAME	FLOYD, JENNIFER FRITZ		4. 2 NAME	<u>:</u>				
STREET ADDRESS	40400 OHI 440 BUT		4.3 STREE	ET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL 33032		4.4 CITY	ST-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Chang	ge 🔲 Addition	
NAME	FRITZ, JEFFREY ERROL	<u> </u>	5.2 NAME					
	00400 004 440 445			ET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP	HOMESTEAD FL 33032	G pere	5.4 CITY-			☐ Chang	ge 🔲 Additio	
TITLE	D	☐ DELETÉ	l l			∐ chang	o . المراالات	
NAME	FRITZ, JACK STEPHEN	,	6.2 NAME	í		•		
STREET ADDRESS	26100 SW 112 AVWE		6.3 STREE	ET ADDRESS				
CITY OT 719	HOMESTEAD EL 33032		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, with all other like empowered.

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90183 017 ***150.00

DO NOT WRITE IN THIS SPACE