CORF ANNU/	ROFIT PORATION AL REPORT	FLO	R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 06 1	LED 998 8:00a y of State
Principal Place 706 TURNBULL SUFTE 102	F FROEHLICHLAND,	Mailing Addr 706 TURNBI SUITE 102	ress	L 32701	DO NOT WRITE IN 1	
2. Principal Pla	ca of Business	2. Mailor A	deese		09/13/1996	Ann Kad Far
2. Principal Plai		2a. Mailing A 26	CULESS		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #.	, elc.	Suite. Ap	t. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	CO 75 Carrier
City & State			27 City & State		6. Election Campaign Financing	\$5.00 May Be
3 Zip	Country	28 Zip		Country	Trust Fund Contribution	Added to Fees
4	25 9. Name and Address of	29		30	 This corporation owes or has paid th Personal Property Tax due June 30. 	Yes No
 Pursuant to office or reg agent. I am 	the provisions of Sections 6 gistered agent, or both, in the	07.0502 and 607.1508, F	lorida Statute	as the above-named cor	rooration submits this statement for the purpo	se of changing its registered
SIGNATURE					rporation submits this statement for the purporation's board of directors. I hereby accept the	
SIGNATURE	gnature, typed or printed frame of regist OFFICE	lered agent and title if applicable RS AND DIRECTORS	(NOTE	Uthorized by the corpora rida Statutes Begistered Agent signature requ 13.		ATE AND DIRECTORS IN 12
SIGNATURE si si 12.	Ignature typed or printed name of regis OF FICE PD	lered agent and title if applicable RS AND DIRECTORS		Bogistered Agent signature required Agent signature required Agent signature required agent and the second	uired when reinstating) Dr	ATE
SIGNATURE <u>si</u> 12. Title NAME	PD FROEHLICH, JAMES K 706 TURNBULL AVE	KOOT BUCK AND DIRECTORS	(NOTE	Bogistered Agent signature required	uired when reinstating) Dr	ATE SAND DIRECTORS IN 12
SIGNATURE si 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP	PD FROEHLICH, JAMES K	Lered agent and life if applicable RS AND DIRECTORS	(NOTE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating) Dr	ATE AND DIRECTORS IN 12 Change Addition
SIGNATURE II. III.E UMME STREET ADDRESS STY-ST-ZIP III.E UMME STREET ADDRESS	PD FROEHLICH, JAMES K 706 TURNBULL AVE	Lered agent and life if applicable RS AND DIRECTORS	(NOTE	Bogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstating) Dr	ATE SAND DIRECTORS IN 12
SIGNATURE II. III. STREET ADDRESS STTY-ST-ZIP III.E	PD FROEHLICH, JAMES K 706 TURNBULL AVE	Interest agent and title of approximation RS AND DIRECTORS	(NOTE	Bogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	uired when reinstating) Dr	ATE AND DIRECTORS IN 12 Change Addition
SIGNATURE II. III. STREET ADDRESS CITY-ST-ZIP III.E VAME STREET ADDRESS CITY-ST-ZIP III.E VAME STREET ADDRESS CITY-ST-ZIP	PD FROEHLICH, JAMES K 706 TURNBULL AVE	Icond agend and life of an aliced in RS AND DIRECTORS	(NOTE) DELETE DELETE	Bogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 TITLE 3.2 NAME	uired when reinstating) Dr	ATE AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	PD FROEHLICH, JAMES K 706 TURNBULL AVE	Icond agend and life of an aliced in RS AND DIRECTORS	(NGTE) DELETE) DELETE	Bogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.2 NAME	uired when reinstating) Dr	ATE AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE SI IZ. SITLE UMME STREET ADDRESS STTY-ST-ZIP STREET ADDRESS STTY-ST-ZIP STREET ADDRESS SITY-ST-ZIP ITLE UMME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PD FROEHLICH, JAMES K 706 TURNBULL AVE	Icond agend and life of an aliced in RS AND DIRECTORS	(NGTE) DELETE) DELETE	Bogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	uired when reinstating) Dr	ATE AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	PD FROEHLICH, JAMES K 706 TURNBULL AVE	Icoot agent and title 1 ag sile dife RS AND DIRECTORS	(NGTE) DELETE) DELETE	Bogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	uired when reinstating) Dr	ATE ATE Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	PD FROEHLICH, JAMES K 706 TURNBULL AVE	Icoot agent and title 1 ag sile dife RS AND DIRECTORS	(NGTE) DELETE) DELETE) DELETE	Bogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP	uired when reinstating) Dr	ATE Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE III. III. III. III. III. III. STREET ADDRESS CITY-ST-ZIP III. STREET ADDRESS CITY-ST-ZIP III. STREET ADDRESS CITY-ST-ZIP III. STREET ADDRESS CITY-ST-ZIP	PD FROEHLICH, JAMES K 706 TURNBULL AVE	Icoot agent and tite I ag sic dife RS AND DIRECTORS	(NGTE) DELETE) DELETE) DELETE] DELETE	Rogistered Agent signature requirement 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	uired when reinstating) Dr	ATE Change Addition Addition Change Addition
	PD FROEHLICH, JAMES K 706 TURNBULL AVE	Icoot agent and tite I ag sic dife RS AND DIRECTORS	(NGTE) DELETE) DELETE) DELETE	Bogistered Agent signature requirement 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uired when reinstating) Dr	ATE Change Addition