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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099291 (2)

1. Corporation Name
NANCY FRIESE, INC.



Principal Place of Business: 6014-113TH STREET NO 301 SEMINOLE FL 33772
Mailing Address: 6014-113TH STREET NO 301 SEMINOLE FL 33772

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report

2. Principal Place of Business: 21 6013-113th Street No #301
2a. Mailing Address: 26 6013-113th Street No #301

4. FEI Number: 59-3418408
Applied For: Not Applicable

22 Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIESE, NANCY
6014-113TH STREET NO 301
SEMINOLE FL 33772

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6013-113th Street No #301
83
84 City FL 85 Zip Code

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: Nancy Friese
4-4-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entry for Nancy Friese, PSD, 6013-113th Street No #301, Seminole, FL 33772.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

14. I do 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: Nancy Friese
4-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0012000

CR2E034 (9/96)