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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P97000003519 (0)

FILED Mar 25 1998 8:00am Secretary of State

FROCIC	ONE, INC.						I NORMORI DO TOKO NORM ADAN ADAN BONG BONG DANGO MAGE BADA MILIT MEN MAG
Principal Place of Business Mailing Address							
8177 S.E. DOUBLE TREE DRIVE 8177 S.E. DOUBLE TREE HOBE SOUND FL 33455 HOBE SOUND FL 33455				DRIVE	RIVE		DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							01/14/1997
2. Principal P	Mailing Address	ailing Address			4. FEI Number Applied For		
21			26				65-0730217 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				S
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution
Zip	Country	\vdash	Zip Country				8. This corporation owes or has paid the current year Intangible
24	26	[29]	arad Amana	30			Personal Property Tax due June 30. X Yes No
	9, Name and Address of Currer	it Hegisi	ereo Agent		81	Name	10. Name and Address of New Registered Agent
	SSALOTTI, NICHOLAS S 31 S.E. DOUBLE TREE DRIVE				"	Name	
		82 Street Addr			ress (P.O. Box Number is Not Acceptable)		
но	BE SOUND FL 33455					·	
					83		
					84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 6	07.1508 Florida Statut	es the a	hove	a-named corr	
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.							
_	m tamiliar with, and accept the oblig	ations or	, 5ection 607.0505, Fi	orida Stai	utes	3.	
SIGNATURE	Signature, typed or printed name of registered agr	ont and fille	f applicable [NO]	E: Registere	o Ape	ni signature requi	ired when reinstating) DATF
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TI	TLE		Change Addition
NAME	FROCIONE, ERNEST P SR			1.2 N	AME		
STREET ADDRESS	8177 S.E. DOUBLE TREE DR	IVE .		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455				1.4 Crty-ST-ZIP		
TITLE	D		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	FROCIONE, CONSTANCE T			2.2 N			
STREET ADDRESS	8177 S.E. DOUBLE TREE DR	IVE		2.3 S	TREET	ADDRESS	
CITY+ST-ZIP	HOBE SOUND FL 33455					ST-ZIP	
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NAME				3.2 N			
STREET ADDRESS						ADDRESS	
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		DELETE			ST-ZIP	Change
TITLE			☐ DELETE	4.1 Tr		1	☐ Change ☐ Addition
NAME				4. 2 N			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			☐ DELETE		TY-S	T- ZIP	Change Addition
TITLE			□ berete	5.1 YI			C Ourside Notation
NAME DEDUCE ADDROCES				5.2 N		1000000	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP TITLE			DELETE	5.4 CI 6.1 Ti		1 - ZIP	Change Addition
NAME				6.2 N/		İ	Change C Roullion
1						ADDOCCO	
STREET ADDRESS						ADDRESS	
14. I hereby c	ertify that the information supplied w	ith this fo	ling does not qualify for	6.4 CI or the exe			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.