

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000023551 (9)

1. Corporation Name
FRANTZ ENTERPRISES, INC.



Principal Place of Business

Mailing Address

201 WELLWOOD ST. SE
PALM BAY FL 32908

201 WELLWOOD ST. SE
PALM BAY FL 32908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

05-0742883

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 347 NEON BASS RD

Suite, Apt. #, etc.

22 City & State
23 LESLIE, GA

24 Zip

31704

25 Country

Surtee

2a. Mailing Address

26 347 NEON BASS RD

Suite, Apt. #, etc.

27 City & State

28 LESLIE, GA

29 Zip

31704

30 Country

Surtee

9. Name and Address of Current Registered Agent

FRANTZ, HARRIET B
201 WELLWOOD ST. SE
PALM BAY FL 32908

10. Name and Address of New Registered Agent

81 Name

RON GALLAGHER

82 Street Address (P.O. Box Number is Not Acceptable)

370 NARRAGANSETT ST NE

83

84 City

PAIM Bay

FL

85 Zip Code

32907

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANTZ, WILLIAM	
STREET ADDRESS	201 WELLWOOD ST SE	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANTZ, HARRIET	
STREET ADDRESS	201 WELLWOOD ST SE	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FRANTZ William	
13 STREET ADDRESS	347 NEON BASS RD	
14 CITY-ST-ZIP	LESLIE GA 31704	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FRANTZ HARRIET	
23 STREET ADDRESS	347 NEON BASS RD	
24 CITY-ST-ZIP	LESLIE, GA 31704	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(l), 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

Signature, typed or printed name of registered agent and fee, if applicable

31704

PA-11720

CR2E034 (10/97)