

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000039962** ✓

1. Corporation Name

**FRUGALS DISTRIBUTION (U.S.A.), INC.**

Principal Place of Business

**1801 CLINT MOORE RD  
SUITE 210  
BOCA RATON FL 33487  
US**

Mailing Address

**1801 CLINT MOORE RD  
SUITE 201  
BOCA RATON FL 33487  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BEHAR, LARRY J P.A.  
888 SOUTHEAST THIRD AVENUE SUITE 400  
FORT LAUDERDALE FL 33316**

81 Name

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

83

84 City

**FL**

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/06/1997**

4. FEI Number

**65-0752427**

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**  
NAME **LIPPMAN, STEVE**  
STREET ADDRESS **1801 CLINT MOORE RD., SUITE 201**  
CITY-ST-ZIP **BOCA RATON FL 33487**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

**Brahm D. Levine, C.P.A., C.A.**

Certified Public Accountant

596716-90014-22  
P97000039962  
515 N. Flagler Drive, #300-P  
West Palm Beach, FL 33401  
(561) 802-4163 • Fax: (561) 802-4164  
blevine@agtech.net

July 7, 1999

Florida Department of State  
Division of Corporations  
Annual Reports Filing  
PO Box 1500  
Tallahassee, FL 32302-1500

Re; Frugals Distribution (U.S.A.), Inc. - P97000039962

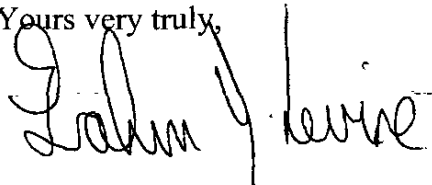
Dear Sir/Madam:

I am enclosing the 1999 Corporation Annual Report for the above corporation along with the initial filing fee of \$150.00. The owner of the Company, Mr. Steve Lippman, was severely injured in an accident in September, 1998 and has been recuperating since that time. He manages his business by himself and was not able to keep up with the myriad of paperwork involved with the Company together with the actual business operations. Mr. Lippman is involved in protracted legal action concerning the accident and is partially disabled as a result of this unfortunate event.

I respectfully request, considering the circumstances involved, that the additional filing fee for filing after May 1, 1999 be waived in this case.

Thank you for your understanding.

Yours very truly,



Brahm D. Levine, C.P.A., C.A.