

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90076 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000058853**

1. Corporation Name  
**JILL E. FRYE, INC.**

Principal Place of Business  
**8260 CLEARY BOULEVARD, #2609  
PLANTATION FL 33324**

Mailing Address  
**8260 CLEARY BOULEVARD, #2609  
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/03/1997**

4. FEI Number  
**65-0767952**

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

2. Principal Place of Business

2a. Mailing Address

21 **4420 Dogwood Circle** 26 **4420 Dogwood Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
**Weston, FL**

27 City & State  
**Weston, FL**

23 Zip Country  
**33331 USA**

28 Zip Country  
**33331 USA**

9. Name and Address of Current Registered Agent

**FRYE, JILL E  
8260 CLEARY BOULEVARD, #2609  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name **Same**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4420 Dogwood Circle**  
83  
84 City **Weston** 85 Zip Code **FL 33331**

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 **Jill E. Frye**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/4/99**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	FRYE, JILL E	8260 CLEARY BOULEVARD, #2609	PLANTATION FL 33324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>4420 Dogwood Circle</b>	<b>Weston, FL 33331</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Jill E. Frye, Inc.**

**1/4/99**

**954 385-4959**

CR2E034 (11/98)