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Secretary of State

04-20-1999 90062 029 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000069668

1. Corporation Name
FRITSCH ENTERPRISES, INC.

Principal Place of Business
7882 CHICK EVANS PLACE
SARASOTA FL 34240
US

Mailing Address
7882 CHICK EVANS PLACE
SARASOTA FL 34240
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/11/1997

4. FEI Number
65-0774522
Applied For
Not Applicable

2. Principal Place of Business
21 2944 Gray Street

2a. Mailing Address
26 Suite, Apt. #, etc.

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

22 City & State
23 Oakton VA

27 City & State
28

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

24 Zip 22124 25 Country

29 Zip 30 Country

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRITSCH, ROBERT B
7882 CHICK EVANS PLACE
SARASOTA FL 34246

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for Robert B Fritsch and Irene A Fritsch.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows for Susan Cohen.

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 4-15-99 941-342-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)