

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90198 013 \*\*\*150.00

**DOCUMENT # P97000071110**

1. Corporation Name

**FRIMETAL CORPORATION OF AMERICA, INC.**

Principal Place of Business

**1617 N FLAGLER DR. SUITE 104  
W PALM BEACH FL 33407**

Mailing Address

**1617 N FLAGLER DR. SUITE 104  
W PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/15/1997**

4. FEI Number

**NOT APPLICABLE**

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

**1717 N Flagler Dr**

2a. Mailing Address

**P.O. Box 2418**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 2**

27

City & State

**W Palm Beach FL**

City & State

**Palm Beach FL**

Zip

**33407**

Country

**US**

Zip

**33480**

Country

**US**

9. Name and Address of Current Registered Agent

**VAN SCHEPEN, BRENDA DEE  
1617 N FLAGLER DR, SUITE 104  
W PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name

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

**1717 N. Flagler Dr**

83 **STE 2**

84 City **W Palm Beach**

**FL**

85 Zip Code

**33407**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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**SIGNATURE: Brenda D. Van Schepen** **4/26/99** **(561) 832-3945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)