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 # P97000071110

1. Corporation Name

FRIMETAL CORPORATION OF AMERICA, INC.

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

04-30-1999 90198 013 ***150.00



Principal Place	e of Business	Mailing Address				
1617 N FLAGLER DR. SUITE 104 1617 N FLAGLER DR. SUITE			04			
W PALM BEACH FL 33407		W PALM BEACH FL 33407		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed		
	•			08/15/1997		
2. Principal Pl	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For	
21 1717	N Flagter Dr	26 P.O. BOX	2618	NOT APPLICABLE	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional	
22 STE	2	27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 W PC	ilm beach FL	28 Palm Beac		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24 334		29 33480 30	<u> </u>	Personal Property Tax.	Yes No	
	9. Name and Address of Current	Registered Agent	94 Name	10. Name and Address of New Register	ea Agent	
1/ANI	SCHEDEN RDENDA DEE	•	81 Name	<u>_</u>		
VAN SCHEPEN, BRENDA DEE			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
1617 N FŁAGLER DR, SUITE 104 W PALM BEACH FL 33407			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N. Flagler Dr		
VV P	ALM DEACH FL 3340/		83 STE 2	a .		
			84 City	00.1	85 Zip Code	
			w rai		L 33407	
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was autho	orized by the comorat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	0	☐ DELETE	1.1 TITLE		Change Addition	
NAME	VANSCHEPEN, BRENDA D		1.2 NAME			
STREET ADDRESS	11735 150TH CT NORTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33478		1.4 CITY-ST-ZIP	·		
TITLE	P	☐ DELETE	2.1 TITLE		Change Addition	
NAME	MEGY, HECTOR	,	2.2 NAME	. 5	~	
STREET ADDRESS	1617 N FLAGLER DR		2.3 STREET ADDRESS	717 N Flagler Dr	· • <u>-</u>	
CITY-ST-ZIP	W PALM BEACH FL 33407		2.4 CITY+ST-ZIP	717 N Flagler Dr S Raim Beach FL 3	3407	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME .			3.2 NAME		•	
STREET ADDRESS	·		3.3 STREET ADDRESS			
CITY-ST-ZIP	,		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	•	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
O(T)/ OT 710	Į		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.