

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90050 002 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # P97000076971

1. Corporation Name
FRANK TRADING COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~350 PALM CIRCLE #208~~
~~PEMBROKE PINES FL 33025~~

Mailing Address
350 PALM CIRCLE #208
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified
09/04/1997

2. Principal Place of Business
21 1250 E. HALLANDALE BEACH BLVD

2a. Mailing Address
26 1250 E. HALLANDALE BEACH BLVD

4. FEI Number
65-0794432

Applied For
 Not Applicable

Suite, Apt. #, etc.
22 # 807

Suite, Apt. #, etc.
27 # 807

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

City & State
23 HALLANDALE, FLORIDA

City & State
28 HALLANDALE, FLORIDA

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

Zip Country
24 33609 25 BROWARD

Zip Country
29 33009 30 BROWARD

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

9. Name and Address of Current Registered Agent
FRANK, DAVID P
~~350 PALM CIRCLE #208~~
~~PEMBROKE PINES FL 33025~~

ADDRESS CHANGE

10. Name and Address of New Registered Agent

81 Name
3 SAME

82 Street Address (P.O. Box Number is Not Acceptable)
~~350~~ **1250 E. HALLANDALE BEACH BLVD # 807**

83

84 City
HALLANDALE

85 Zip Code
FL 33009

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 _____ DATE _____
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SAME
NAME	FRANK, DAVID P	1.2 NAME	SAME
STREET ADDRESS	350 PALM CIRCLE #208	1.3 STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD # 807
CITY-ST-ZIP	PEMBROKE PINES FL 33025	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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CITY-ST-ZIP		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: David P. Frank Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)