


4-20-98 B 5104 e  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000096040 (5)

1. Corporation Name

FR ASSOCIATES, INC.

Principal Place of Business

631 PALM SPRINGS DR., SUITE 111  
ALTAMONTE SPRINGS FL 32701

Mailing Address

631 PALM SPRINGS DR., SUITE 111  
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

59-3479246

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

Suite # 106

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

Suite # 106

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

ROBINSON, RICHARD M  
201 E. PINE ST., SUITE 1200  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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

*Charles M. May*

(NOTE: Registered Agent signature required when reinstating)

4-10-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAY, CHARLES M	
STREET ADDRESS	631 PALM SPRINGS DR., SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRIS, LEN W	
STREET ADDRESS	631 PALM SPRINGS DR., SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	URICCHIO, BRADROD R	
STREET ADDRESS	631 PALM SPRINGS DR., SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DORMAN, JAMES W	
STREET ADDRESS	631 PALM SPRINGS DR., SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, FRANCIS J	
STREET ADDRESS	631 PALM SPRINGS DR., SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANNAH, JAMES E	
STREET ADDRESS	631 PALM SPRINGS DR., SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Suite # 106
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Suite # 106
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Suite # 106
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Suite # 106
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Suite # 106
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Suite # 106
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; that 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.

SIGNATURE

*Charles M. May*

4-10-98

CR2E034 (10/97)