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 # **P98000000877**1. Corporation Name

ENGLISH AND FRANK, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90209 010 ***150.00



Principal Place	of Business	Mailing Address		1 1051(00) 110 (010) 10111 00111 0011)41 401 11 401 11 40 111 40 111 4		
777 EAST ATLA	NTIC AVENUE	DELRAY BEACH FL		}			
		uler 🗇	DO NOT WRITE IN THIS SPACE				
35483 35		540 D	<u> </u>				
				•• · · · · · · · · · · · · · · · · · ·			
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Ap:	plied For	
21		26		65-081354	HO No	t Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		E Certificate of Status Desired	1 1	I	
22		27		3. Octahoda of oldado octahod	ree Ke		
City & State		-		6. Election Campaign Financing	1 1		
23			Country 6			o rees	
」 プロリ	V3 COUNTRY	一つつハクス 「	¬ 16//	·		□No	
24 337	Name and Address of Current	<u> </u>					
	9. Name and Address of Current	r Kegistered Agent	81 Name 1	DERO GRA	2 K 6		
FAIR	GEOUGHT MICHAPLES		<u>L</u>	-AERO FICH	WI- C		
77	AN AHANHIC AVENUE		82 Street Add	ress (P.O. Box Number is Not Accepta	$\mathcal{D}(\mathcal{C})$		
DELF	AY BEACH FL 33460		83				
			04 0		los Zin (Code	
	//	$\sim 10^{\circ}$	1 1 1-6	HKE WONTH	FL 22	4/20	
11. Pursuant	to the provisions of Sections 607.000	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O1/01/1998 2a. Mailing Address 4. FEI Number (6. Suite, Apt. #, etc. 27 City & State City & State 28 County 29 County 30 County 30 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 11. Name 12. EXO FLAW 13. Street Address (P.O. Boy Number is Not Agoeglable) D.C. 14. City & City					
office or re	egistered agent, of both in the State of the boligat	of Florida, Such charge was aut tone of, Section 697,0505, Florid	horized by the corporat la Statutes,	ion's board of directors. I hereby acce	or the appointment as re	gistered	
SIGNATURE				コー	1-99		
SIGNATURE	Signature, typed or printed name of registered agen				DATE DIPLOTE	NDO 101 40	
12.				ADDITIONS/CHANGES TO OF			
TITLE	D '	☐ DELE1E	l i		☐ Citatige	Addition	
NAME	ENGLISH, STEPEN A						
STREET ADDRESS	120 HARVARD DRIVE					}	
CITY-ST-ZIP	LAKE WORTH FL 33460	[] DELETE			Change	Addition	
TITLE	D	☐ DELESE			onwings		
NAME	LAERO, FRANK E						
STREET ADDRESS	120 HARVARD DRIVE					ĺ	
CITY-ST-ZIP	LAKE WORTH FL 33460		-		[] Change	Addition	
TITLE							
NAME ATRICET ADDRESS							
STREET ADDRESS							
CITY-ST-ZIP TITLE		☐ DELETE			☐ Change	☐ Addition	
NAME			,				
STREET ADDRESS							
CITY-ST-ZIP						}	
TITLE		☐ DELETE			☐ Change	Addition	
NAME .			5.2 NAME	•	•		
STREET ADDRESS			5.3 STREET ADDRESS			l	
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				
			64 CITY-ST-7IP			1	

14. I hereby certify that the information supplied with his 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 peport 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.

561-266-9545