

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90189 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000010477
1. Corporation Name
FRANGIAM P.A.



Principal Place of Business POST OFFICE BOX 1624 JENSEN BEACH FL 34958	Mailing Address POST OFFICE BOX 1624 JENSEN BEACH FL 34958
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8489 South US #1 Suite, Apt. #, etc.		2a. Mailing Address 26 1825 SE ELROSE ST. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/02/1998	
22 City & State 23 PORT ST. LUCIE FL Zip Country 24 34952 25 US		27 City & State 28 PORT ST. LUCIE FL Zip Country 29 34952 30 US		4. FEI Number 65-0187522 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GIAMPIETRO, FRANK 71 S.E. BEECH TREE LANE STUART FL 34994				10. Name and Address of New Registered Agent 81 Name GIAMPIETRO FRANK 82 Street Address (P.O. Box Number is Not Acceptable) 1825 SE ELROSE ST. 83 84 City PORT ST. LUCIE FL 85 Zip Code 34952	
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Frank Giampietro* DATE **4/25/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Frank Giampietro
STREET ADDRESS		1.3 STREET ADDRESS	1825 SE Elrose St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Port St. Lucie, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Dorothea Giampietro
STREET ADDRESS		2.3 STREET ADDRESS	1825 SE Elrose St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 2 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Giampietro* **FRANK GIAMPIETRO** DATE **4/25/99** DAYTIME PHONE # **561-340-0004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)