

05241999-90016-027-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P98000038815

1. Corporation Name
FRYBERGH ORGANIZATION INC

Principal Place of Business 5280 EAGLE CAY WAY COCONUT CREEK FL 33073	Mailing Address 5280 EAGLE CAY WAY COCONUT CREEK FL 33073
---	---

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05-24-1999 90016 027 ***150.00
 99 OCT -7 PM 1:51



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
---	--

3. Date incorporated or Qualified 04/23/1995	4. FSI Number 65-0829804	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FRYBERGH, JASON
5280 EAGLE CAY WAY
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

01. Name
 02. Street Address (P.O. Box Number is Not Acceptable)
 03.
 04. City
 FL 05. 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

Signature, typed or printed name of registered agent and date if applicable

NOTE: Registered Agent signature required when appointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
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	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST, ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY, ST, ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PRESIDENT 8/25/99 T54-766-1444

CR2E004 (11/98)

006
 100003013281
 -10/13/99--01017--006
 ***165.00 ***165.00

SCM

Statewide Construction & Management, Inc.
5440 North State Road Seven - Suite One - Fort Lauderdale, Florida 33319
Phone (954) 486-1444 - Fax (954) 486-0092
E-Mail BuildOuts@aol.com

October 6, 1999

Department of State
Division Of Corporations
c/o Ms. Debbie Lollie
PO Box 6327
Tallahassee, FL. 92914

Re: Corporation #P98000036815

Dear Ms. Lollie,

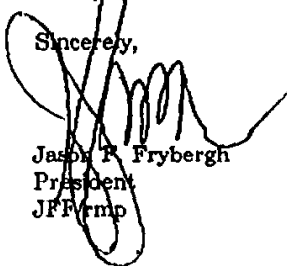
Thank you in advance for all your help in resolving the matter concerning the above corporation. Back on or about September 13, 1999; my office called and spoke with Ms. Baily concerning the replacement of a company check that was issued to the state to renew my annual report. I asked Ms. Baily if I needed to overnight the replacement check or send it regular mail. Ms. Baily told me that it was not necessary to overnight it as the corporation was still active and there would be no problem if sent regular mail.

At this time it just so happened that Hurricane Floyd was threatening to hit South Florida. I therefore closed my company and went strictly into a preparation mode (i.e. tightening down my construction sites). I then made another call to Ms. Baily, however, another individual (a women) who I don't recall the name of; assisted me on the phone. I explained to this women that due to the threat of the hurricane it would be impossible for me to get to the bank to get a money order and mail it as it was complete and utter chaos down here. This women told me "no problem, your corporation is still active at this time; just accompany your money order with a letter explaining the problem that the hurricane is causing to Ms. Baily's attention".

As it turned out, Ms. Baily did not receive my money order and letter. The person who did receive the money order (Ms. Kristen Eckal) was not aware of my prior conversations and therefore returned the checks to me with a letter stating that my corporation had been dissolved because the check did not come with an annual report form. I knew that I had already sent the report with my initial check and Ms. Baily was the one who was to handle the processing of my replacement check. I hope that this gives you a better understanding of what transpired and I apologize for the confusion, you all have been extremely helpful in resolving this matter.

Please call if you have any further questions concerning the above. My office phone number is (954) 486-1444.

Sincerely,


Jason F. Frybergh
President
JFF/rmp