FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S30159   **(5)**
1. Corporation Name

FRANKEL-WOLF CORPORATION

Principal Place of Business	Mailing Address
3546 S. OCEAN BLVD. SOUTH PALM BEACH FL 33480 US	3546 S. OCEAN BLVD. SOUTH PALM BEACH FL 33480-5739 US

3. Date Incorporated or Qualified	3a. Date of Last Report
02/07/1991	12/16/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
21		26		13-2649487		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required
22		27				
City & State		City & State		6. Election Campaign Financing ☐		**$5.00** May Be Added to Fees
23		28		Trust Fund Contribution		
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	Florida Statutes ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY **1201 HAYS STREET** **TALLAHASSEE FL 32301**	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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**POST** ☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	**FRANKEL, CHARLOTTE**	1.2 NAME		
STREET ADDRESS	**521 LAKE AVENUE**	1.3 STREET ADDRESS	3546 S. OCEAN BLVD	
CITY-ST-ZIP	**LAKE WORTH FL 33460**	1.4 CITY-ST-ZIP	SOUTH PALM BEACH FL 33480	
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☒ Addition
NAME		2.2 NAME	D V VAIL, BARBARA	
STREET ADDRESS		2.3 STREET ADDRESS	771 VALLEY ROAD	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	UPPER MONTCLAIR NJ	
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
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		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: *Charlotte Frankel*   *April 21, 1997*   171-588-4483