## 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 # S65593 1. Corporation Name

FRC ENTERPRISES, INC.

Principal Place of Business Mailing Address									
2198 MAIN ST		2198 MAIN ST							
SUITE 301		SARASOTA FL 34237							
SARASOTA FL	34237	US					DO NOT WRITE IN THIS SPACE	1	
US							3. Date Incorporated or Qualifed	l	
		1.2.1.1	6 d do-				07/08/1991 4. FEI Number Applied For	ł	
2. Principal P	Place of Business	2a. Mailing	Address					ł	
21	# -1-	26 Suite A	Int # ata				65-0271187   Not Applicable   \$8.75 Additional	ł	
Suite, Apt. #, etc.		<b>├</b>	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	١	
City & State		27 City & 5	City & State				6. Election Campaign Financing 55.00 May Be	1	
23		28					Trust Fund Contribution Added to Fees	Į	
Zip Country			Zip Count				8. This corporation owes the current year Intangible	1	
25		29	<b>—</b>			Personal Property Tax. ☐ Yes ☐ No		l	
<u></u>	9. Name and Address of Curr		jent				10. Name and Address of New Registered Agent	1	
				-	B1	Name		1	
	NSCH, PETER J					Street Add	ddress (P.O. Box Number is Not Acceptable)	ł	
	B MAIN ST					Ollockrad	is (1.5. box realiser to recent supposes)		
<del>-SUITE-301</del>					83			l	
SAR	ASOTA FL 34237			į.	84	City	85 Zip Code	1	
						•	FL [ ]	j	
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such gations of, Section	change was a 607.0505, Flo	uthorized rida Statui	by tes.	the corporat	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered a		. (NOTE		gent	signature requi	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	┨	
12.	DP OFFICERS A	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ł	
TITLE	CZOMPO, FREDDY			1,2 NAM				1	
NAME	A4GG MAIN OT					*ODDECC		ĺ	
STREET ADDRESS	SARASOTA FL 34237					ADDRESS		ļ	
CITY-ST-ZIP			1.4 CIT		-217	☐ Change ☐ Addition	١		
NAME			2.2 NAN		-	الأميان وينسر بعد يهيهم والهواد فالأنج اليبي الماميات البيان المام فيدار البهرأ الماسان	ŀ		
STREET ADDRESS	OLOG ALAMA OT					ADDRESS		ļ	
CITY-ST-ZIP	SARASOTA FL 34237			2. 4 CIT				l	
TITLE	0711010017111201		☐ DELETE	3.1 TITL			☐ Change ☐ Addition	1	
NAME				3.2 NAM	Æ			Ì	
STREET ADDRESS				3.3 STR	EET	ADDRESS			
CITY-ST-ZIP				3,4. CIT	Y- \$1	r-ZIP			
TITLE			☐ DELETE	4.1 TITL	E	,	Change Addition	l	
NAME				4. 2 NA	ME			l	
STREET ADDRESS	. `			4.3 STR	EET.	ADDRESS		l	
CITY-ST-ZIP				4.4 CIT	/-ST	-ZIP		1	
TITLE			DELETE	5.1 TITL	E		Change Addition		
NAME	1		•	5.2 NAN		1			
STREET ADDRESS				5.3 STR	EET	ADDRES\$			
CITY-ST-ZIP				5.4 CIT		-ZIP		1	
TITLE			☐ DELETE	6.1 TITL			☐ Change ☐ Addition		
NAME				6.2 NAM	Æ				
	1			- 2					
STREET ADDRESS				6.3 STR	EET	ADDRESS		l	

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 12 or Block 13 if changed or or an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90073 021 \*\*\*150.00

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