


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State
07-22-1999 90004 010 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V46230
1. Corporation Name
FRENKEL, INC.

Principal Place of Business
**2055 N. UNIVERSITY DRIVE
SUNRISE FL 33322**

Mailing Address
**2055 N. UNIVERSITY DRIVE
SUNRISE FL 33322**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/26/1992

4. FEI Number
65-0357911

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

9. Name and Address of Current Registered Agent
**FRENKEL, AMIRAM
2055 N. UNIVERSITY DRIVE
SUNRISE FL 33322**

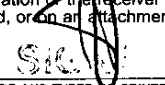
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENKEL, AMIRAM	1.2 NAME	
STREET ADDRESS	2055 N. UNIVERSITY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENKEL, GUY	2.2 NAME	
STREET ADDRESS	2055 N. UNIVERSITY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	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	

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 on an attachment with an address.

SIGNATURE:  **AMI FRENKEL** **7/16/99** **(954) 7413803**

CR2E034 (5/99)

593354-90004-10
V 46230

Dennel Enterprises, Inc.
Business Consultants, Tax, Accounting & Computer Services

104 N.W. 94 th Way
Coral Springs
Florida 33071
phone (954) 341-5869
fax (954) 341-5869
e-mail gafen@juno.com

July 16, 1999

Florida Department Of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Dear Sir:

Frenkel, Inc. FEI 65-0357911 Doc # V46230

We are the accountants for the above corporation, and write at their request:

Please find attached form completed Annual report for the above corporation, together with their check for \$150.

The company did not receive the first notice, and therefore did not submit the form and payment. We do not know why this happened. If you would refer you to the corporation's record for the prior year, you will note tht the past years reflect a record of timely payment.

As the late payment is due to non-receipt of the form we respectfully request that you waive the penalties.

We appreciate as always your assistance in this matters.

Sincerely,



Selwyn Gafenowitz
For the Firm