## FILE NOW: FILING FEE AFTER MAY 148 \$550.00

Frank DeSena, Pres.

FILED PROÉIT FLORIDA DEPARTMENT OF STATE Apr 28 1997 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS . 1997 **DOCUMENT #** Frankied's INC. Principal Place of Business Mailing Address P.O. BOX 971051 Boca Raton F1 33497-1051 2. Principal Place of Business 2a. Mailing Address Applied For P.O. BOX 971051 21 Not Applicable Suite, Apt. # leto \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\begin{align\*} \text{Ves} \\ \\ \ext{D} \\ \text{No} \end{align\*} Ζıpı 25 24 10. Name and Address of New Registered Agent Name Frank DeSena 21471 Woodchuck Lane 82 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FI 33428 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. Lam familiar with, and accept the obligations of, Soction 607,0505, Florida Statutes. (NOTE Registered Agent signature required when re-installing) typically protect name of registered agent and tille if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE Change 1.2 NAME NAME ink Desena 1.3 STREET ADDRESS STEEL AT DRESS 21471 woodchack 1.4 CITY - ST-ZIP DITY SEZIE DELETE 2.1 TITLE TallE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-7IP 01<u>Y</u> \$1 zd 1.11 DELETE 31 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City - ST - ZIP DELETE 4 1 TITLE Addition THE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY- ST-2IP 001Y S DELETE 51 TITLE SAUS 5.2 NAME 5.3 STREET ADDRESS STREET ARCHESS 54 CITY-ST-ZIP DELETE 61 TITLE Dist 10356 6.2 NAME 700002158567 SERVITADDIA S 6.3 STREET ADDRESS -04/29/97--01046--048 6.4 CiTY - ST - 7IP 64.0.1Y-St-7IP
14. Identifies the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3/f). Honda Statutes. I further certify that the information indicated on the 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 familiar of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name f Ty-St-Zii

4-21-97 561-451-13900