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Mar 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 205546 (5)
1. Corporation Name
JACK J. FRIEDMAN CONSULTANTS, INC.

Principal Place of Business Mailing Address
7665 LA CORNICHE CIRCLE 7665 LA CORNICHE CIRCLE
BOCA RATON FL 33433 BOCA RATON FL 33433
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1957	
21		26		4. FEI Number 59-0821828	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24	Zip	25	Country	29	Zip
24		25		29	
30		30			

9. Name and Address of Current Registered Agent

FRIEDMAN, JACK
7665 LA CORNICHE CIRCLE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	1.1 TITLE	
NAME	FRIEDMAN, JACK J.	1.2 NAME	
STREET ADDRESS	7665 LA CORNICHE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	FRIEDMAN, SCOTT H.	2.2 NAME	
STREET ADDRESS	5637 DESCARTES CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	FRIEDMAN, PEARL E.	3.2 NAME	
STREET ADDRESS	7665 LA CORNICHE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: (X) Jack J. Friedman JACK J. FRIEDMAN

2/10/98

CF2E034 (10/97)