FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

336145

(8)

FRIENDLY FORD, INC.

Principal Place of Business Mailing Address										IN BIGN DAN		JH DIDII IORI
2196 N E 163RD ST 2198 N E 163RD ST												
PO BOX 600070 PO BOX 600070 NORTH MIAMI BEACH FL 33160-7070 NORTH MIAMI BEACH FL 33160-7070						39160-7070			DO NOT WRITI	E IN THIS S	SPACE	
TOTAL MICHIEL DEPORTE DESCRIPTION OF THE STATE OF THE STA						4105 1015			3. Date Incorporated or Qualified	<u> </u>		
									10/08/1968			
'	Place of Busine	2a. Mailing Address					4. FEI Number		A	pplied For		
21	" -4-	26					59-1232788			lot Applicable		
Suite, Apt.	. #, e tc.	-	Suite, Apt. #, etc.					5. Certificate of Status Desired		**	Additional tequired	
City & Stat	te	City & State					6. Election Campaign Financing		\$5.00	May Be		
23		28					Trust Fund Contribution			to Fees		
—	Zip Country					ountry			8. This corporation owes or has pro-			
24	9 Name a	5 nd Address of Currer	29	rad Agent	30				Personal Property Tax due June 10. Name and Address of New Re			No No
	WER, WILLIA		ii negisie	reo Agent		B1	Name		TO. Name and Address of New N	gistereu r	(Boll)	
			82									
-	98 N.E. 163F DRTH MIAMI I					Street	Address	s (P.O. Box Number is Not Accepta	ble)			
MONTH MIAMI DEADLE 20102												
						84	City			FL	85 Zip	Code
11. Pursuant	to the provision	ns of Sections 607 050	2 and 607	1508 Florida Statu	ites the	above	-named	corpore	ation submits this statement for the		changing i	ts registered
office or r	registered age	nt, or both, in the State	of Florida	Such change was	authoriz	ed by	the corp	poration	ation submits this statement for the is board of directors. I hereby acce	pt the appo	ointment as	registered
ł.	arri reminer with	i, and accept the only	anons or, a	5060. (UB HOLLOGG, F	TOTIUE SE	alules	١.					
SIGNATURE	Signature, typed or	printed name of registered age	ent and title if a	applicable. (NC	TE Registe	red Age	nt signature	required v	when reinstaling)	DATE		
12.		OFFICERS AN	D DIRECT		13	١.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PC			DELETE	1.1	TITLE					L Change	Addition
NAME	BOWER,				1.2	NAME						
STREET ADDRESS		163RD ST			1.3	STREET	ADDRESS					
CITY-ST-ZIP		BEACH FL			_	CITY-S	T-ZIP					
TITLE	JVP			☐ DELETE	2.1	TITLE	- 1			!	L Change	Addition
NAME !	1 000.274					2.2 NAME						
STREET ADDRESS 2198 N.E. 163 ST.			2			2.3 STREET ADDRESS						
CITY-ST-ZIP							T-ZIP					1 4491
TITLE	VP VP	AM I LAGI I IN		☐ DELETE		TITLE					L Change	☐ Addition
NAME BOWER, WILLIAM J III STREET ADDRESS 2198 N.E. 163 ST.				3.2 N								
STREET ADDRESS							ADDRESS	· .				
CITY-ST-ZIP	N.MIAMI I	BUTI FL		DELETE		CITY S	T-ZIP		. · · ·		Change	Addition
TITLE	D NODEL	EDWADD 1 C		L DELETE		TITLE					T CHAIR	vagiliou
NAME		edward J. S 163RD St				NAME						
STREET ADDRESS							address					
CITY-ST-ZIP	TH MIAMI	BEACH FL		DELETE		CITY-ST	I - ZIP				Change	Addition
TITLE				L. DELETE		TIFLE	1			,	பன்பிழ	- Addition
NAME CTOSST ADDRESS						NAME	******					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELETE		CITY-ST TITLE	1 - ZIP				Change	Addition
NAME										,	onango	,woulding
i !						NAME	ADDDDCC					
STREET ADDRESS]					CATAL CIT	ADDRESS					

11. 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 exidness.

SIGNATURE:

William & Swetter

3/11/98

FILED

Mar 20 1998 8:00am

Secretary of State

2E034 (10/97)