AND FILED

95 MAY -1 AM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # 857969 (0)

1. Corporation Name

L.J. FRIEDMAN, INC.

Principal Place of Business	Mailing Address
384 S. SHORE DR. SARASOTA FL 34234-3747	384 S. SHORE DR. SARASOTA FL 34234-3747

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1201 SINCLAIR DR.	26 1201 SINCLAIR DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip 24 34240 Country 25 USA	Zip 29 34240 Country 30 USA

3. Date Incorporated or Qualified: 10/03/1983

3a. Date of Last Report: 04/28/1994

4. FEI Number: 11-2628297 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRIEDMAN, DR. LAWRENCE J. 527 FREELING DRIVE SARASOTA FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1201 SINCLAIR DR. 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☒ Change ☐ Addition
NAME	FRIEDMAN, LAWRENCE J.	1 NAME	
STREET ADDRESS	384 S. SHORE DRIVE	1 STREET ADDRESS	1201 SINCLAIR DR
CITY-ST	SARASOTA FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	SULAHIAN, WILIAM, ESQ.	2 NAME	
STREET ADDRESS	15 FRONT ST, BOX 966	2 STREET ADDRESS	
CITY-ST	ROCKVILLE CENTER NY	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lawrence J. Friedman 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0340625 CP