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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F94000002200

GEORGE H. FRIEDLANDER COMPANY

•		
Principal Place of Business	Mailing Address	
O BOX 2466 CHARLESTON WV 25329	PO BOX 2466 Charleston WV 25329	

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90016 040 ***150.00



rincipal Place	of Business	Mailing Addr	ess								
O BOX 2466 PO BOX 2466											
HARLESTON V	NV 25329	CHARLESTON	WV 25329				DO NO	T WRITE IN THE	S SPACE		
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Suite, Apt.	#, etc.	₩.	#, etc.			5	Certificate of Status Des	sired 🗆		equired	
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City & State	9	— ·	ate			6	Election Campaign Final Trust Fund Contribution	- 11		May Be to Fees	
7:-	Country	Zip	Zip Country				. This corporation owes t				1
Zip 1		`	30		,	8	Personal Property Tax.	-	Yes	□No	
	9. Name and Address of Curre	29				10	Name and Address of				1
		N. P. J.C. C. V.N.		81	Name		, 144110 4114 7144 100 1				1
FRIE	DLANDER, GEORGE H										1
	IELDWAY DRIVE	WY		82	Street	Address (P.O. Box Number is Not	Acceptable)			
	ART FL 34996-6621			83	1		と、前のの事業できた。1996年 東京の と「名前」またり、直接は計算的は	1 5000 \$ 500 3500 480 1 \$366 7500 \$600 \$20	11 28112 HOLE HELL	97 H 25H 851	1
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a plan case		50 50 1 60 1			<u> </u>			<u> </u>	L	rapistared	4
1. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, F of Florida. Such c	lorida Statutes, t hange was autho	the abov orized by	re-named r the corp	corporation s b	on submits this statement board of directors. I hereb	y accept the app	ointment as re	gistered	
agent. I a	m familiar with, and accept the obliga-	ations of, Section 6	07.0505, Florida	Statute	5.			•			
GNATURE	·	•					•				
	Signature, typed or printed name of registered age		(NOTE: Reg		nt signature	required when	ADDITIONS/CHANGES	DATE TO OFFICERS (ND DIRECTO	300 IN 12	− 6
<u>2.</u>		ND DIRECTORS				T		TO OFFICERS A	Change	Addition	ქ €
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AME	THOMAS, C D			2.2 NAME							
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MË (Calla	HIGGINBOTHAM, RICHARD L			3.2 NAME							
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	DV			EA CITY I	et 7ID	i					-

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 receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 of Block 13