

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000005417 (0)

1. Corporation Name

FRIEDMAN MOTORCARS, LTD. (INCORPORATED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:18

Principal Place of Business

550 39TH ST
SUITE 200
DES MOINES IA 50312

Mailing Address

550 39TH ST
SUITE 200
DES MOINES IA 50312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/18/1994

3a. Date of Last Report

2. Principal Place of Business

21 1252 Tamiami Trail

2a. Mailing Address

26 Same

4. FEI Number

NOT APPLICABLE 42-0988315

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Port Charlotte, FL 33953

28

Zip

Country

USA

Zip

Country

29

30

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

FRIEDMAN, GARY
1252 TAMiami TRAIL
PORT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

81 Name

Gary Friedman

82 Street Address (P.O. Box Number is Not Acceptable)

1252 Tamiami Trail

83

Port Charlotte, FL 33953

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0305, Florida Statutes.

SIGNATURE

[Signature]

2-7-95

(Signature, typed or printed name of registered agent and the filer applicable)

(NOTE: Registered Agent (signature) required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPST
FRIEDMAN, GARY
1619 S. 43RD
WEST DES MOINES IA 50265

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Gary Friedman
23372 Superior Ave.
Port Charlotte, FL 33954

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCV
FRIEDMAN, CHARLES
6201 CEDAR CREST DR #102
JOHNSTON IA 50131

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Charles Friedman
1250 Peppertree
Port Charlotte, FL 33952

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true and accurate and that my signature has 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, changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-95 813-743-8883

DATE

TELEPHONE