

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

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90150 022 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000005138**

1. Corporation Name
RICKY FRIED ASSOCIATES, INC.



Principal Place of Business Mailing Address
8450 N.W. 68TH STREET, UNIT 2 & 3 **8450 N.W. 68TH STREET, UNIT 2 & 3**
MIAMI FL 33166 **MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/14/1998	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	
22		27		11-2871910	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		8.75 Additional Fee Required	
24		29		6. Election Campaign Financing <input type="checkbox"/>	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAZOR, JEFFREY R ESQ. 4000 HOLLYWOOD BLVD., SUITE 305 NORTH TOWER HOLLYWOOD FL 33021-6751				81 Name			
				82 Street Address (P O. Box Number is Not Acceptable)			
				83			
				84 City			
				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: X _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input type="checkbox"/> DELETE	1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIED, ERIC		1:2 NAME		
STREET ADDRESS	18 S. FRANKLIN AVE		1:3 STREET ADDRESS		
CITY-ST-ZIP	HEWLETT NY 11557		1:4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			2:2 NAME		
STREET ADDRESS			2:3 STREET ADDRESS		
CITY-ST-ZIP			2:4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3:2 NAME		
STREET ADDRESS			3:3 STREET ADDRESS		
CITY-ST-ZIP			3:4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4:2 NAME		
STREET ADDRESS			4:3 STREET ADDRESS		
CITY-ST-ZIP			4:4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5:2 NAME		
STREET ADDRESS			5:3 STREET ADDRESS		
CITY-ST-ZIP			5:4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, with all other like empowered.

SIGNATURE: X ERIC FRIED 3/14/99 305-573-3994
Signature and Typed or Printed Name of Signing Officer or Director Date Division Phone #

CR2E034 (11/98)