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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

POCUMENT #

J35470

(0)

BENJAMIN FRIEDMAN & ASSOCIATES, INC.

**FILED** May 05 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address  |                       |                        |              |                         |                     |                |                         | I HOOKKID DEAR JEIDE OEKE DIEKE DIBIK ENDIK DAKE DIDIK DEAKE DIDIK DIDIK BEDEK IDDE |
|--|-----------------------|------------------------|--------------|-------------------------|---------------------|----------------|-------------------------|---|
| 18151 NE 31ST CT   |                       |                        |              | 18151 NE 31ST CT        |                     |                |                         |   |
| PENTHOUSE 117  |                       |                        |              | PENTHOUSE 117           |                     |                |                         | DO NOT WRITE IN THIS SPACE  |
| WAE  | NTURA FL 33160        |                        |              | AVENTURA FL 33160       |                     |                |                         | 3. Date incorporated or Qualified   |
|  |                       |                        |              |                         |                     |                |                         | 09/26/1986  |
| 2. P   | rincipal Place of Bus | siness                 | 2a.          | 2a. Mailing Address     |                     |                |                         | 4. FEI Number Applied For   |
| 21   |                       |                        | 26           |                         |                     |                |                         | <b>59-2727628</b> Not Applicable  |
| Sulte, Apt. #, etc.  |                       |                        | ļ            | Suite, Apt. #, etc.     |                     |                |                         | 5. Certificate of Status Desired S8.75 Additional                                   |
| Ch. P. State   |                       |                        | 27           | City & State            |                     |                |                         | Fee Required  |
| City & State   |                       |                        | <u> </u>     | <del></del> 1           |                     |                |                         | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |
| 23 Z   | D                     | Country Zip Cou        |              |                         | untry               |                | Trust Fund Contribution |   |
| 24   | <b>_</b>              |                        | 29           | ı ·                     |                     |                |                         | Personal Property Tax due June 30, Yes No   |
|  | 9. Nam                | e and Address of Curre |              | lered Agent             |                     |                |                         | 10. Name and Address of New Registered Agent  |
|  | FRIEDMAN,             | BENJAMIN               |              |                         |                     | 81             | Name                    |   |
| 18151 NE 31ST CT   |                       |                        |              |                         | 82                  |                | Street Add              | dress (P.O. Box Number is Not Acceptable)   |
| ĺ  | PENTHOUSE             | E 117                  |              |                         |                     |                |                         |   |
| AVENTURA FL 33160  |                       |                        |              |                         |                     | 83             |                         |   |
|  |                       |                        |              |                         |                     | 84             | City                    | B5 Zip Code   |
|  |                       |                        |              |                         |                     | L.,            | -                       | 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 register 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  |                       |                        |              |                         |                     |                |                         |   |
| Signature, typed or printed name of registered agent and title if applicable (NOTE Register  |                       |                        |              |                         |                     | d Age          | ni signalure requ       | uired when reinstaling) DATE  |
| 12.  | P                     | OFFICERS AT            | ND DIHEC     | DELETE                  | 13.                 | T. F           | <del></del>             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change                           |
| NAME FRIEDMAN, BENJAMIN  |                       |                        |              |                         | L) DELETE 1.1 TITLE |                | }                       | Li change Li Adolton  |
| STREET ADDRESS 18151 NE 31ST PH117   |                       |                        |              |                         | 1.3 STREET AD       |                | 4000000C                |   |
| CITY-ST-ZIP AVENTURA FL 33160  |                       |                        |              | 1.3 SIF                 |                     |                |                         |   |
|  | TITLE                 |                        | <del>-</del> | DELETE 2.1 Tr           |                     |                | 1-ZIP                   | ☐ Change ☐ Addition   |
| NAME   |                       |                        |              | _                       | 2.2 NA              |                | 1                       |   |
| STREE  | STREET ADDRESS        |                        |              |                         | 2.3 ST              |                | ADDRESS                 |   |
| CITY-ST-ZIP  |                       |                        |              | 2.4 Ci                  |                     | ŀ              |                         |   |
| TITLE  |                       |                        |              | ☐ DELETE                | DELETE 3.1 TIT      |                |                         | Change Addition   |
| NAME   |                       |                        |              |                         | 3.2 N               | AME            |                         |   |
| STREET ADDRESS   |                       |                        |              |                         | 3.3 STREE1 ADDRESS  |                | ADDRESS                 |   |
| CITY-S   | ST-ZIP                |                        |              |                         | 3.4. 0              | ITY-S          | T-ZIP                   |   |
| TITLE  |                       |                        |              | DELETE                  | 4.1 (1              | TLE            |                         | Change Addition   |
| NAME   |                       |                        |              |                         | 4.2 N               | AME            |                         |   |
| STREET ADDRESS   |                       |                        |              | 4 3 STREET ADDRESS      |                     | ADDRESS        |                         |   |
| CITY-\$T-ZIP   |                       |                        |              | Delate                  | 4.4 City-St-ZiP     |                | T - ZIP                 | Ob., and T. Addition  |
| TITLE  | İ                     |                        |              | DELETE                  | 5.1 TI              |                |                         | Change Addition   |
| NAME   |                       |                        |              |                         | 5.2 N               |                | 400000                  |   |
|  | ADDRESS               |                        |              |                         |                     |                | ADDRESS                 |   |
| CITY-S   | 51-ZIP                | .,                     |              | DELETE                  | 5.4 C               | TY-S           | I - ZIP                 | Change Addition   |
| NAME   | 1                     |                        |              | tad becert              | 6.2 N               |                |                         | Colonigo C. Addition  |
|  | T ADDRESS             |                        |              |                         |                     |                | ADDRESS                 |   |
| CITY-S   |                       |                        |              |                         |                     | INEET<br>ITY-S | - 1                     |   |
|  |                       | the information summed | with this fi | ling does not qualify t |                     |                |                         | n 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 of the receiver or trustee emperated to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes are not attack men with an address.