

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K17885** (0)
1. Corporation Name
INLAWS, PARTNERS & FRIENDS, INC.



Principal Place of Business RICHARD P ABRAMS 3000 COUNTRY CLUB LN PEMBROKE PARK FL 33009 US	Mailing Address ABRAMS RICHARD P 6513 ARBOR DR MIRAMAR FL 33023-4967 US
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3. Date Incorporated or Qualified **03/07/1988** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number **65-0037486** Applied For
☐ Not Applicable

5. Certificate of Status Desired **SE** \$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

ABRAMS, RICHARD P. 6513 ARBOR DR. MIRAMAR FL 33023

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TPD	1.1 TITLE	
NAME	ABRAMS, RICHARD P.	1.2 NAME	
STREET ADDRESS	6513 ARBOR DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIRAMAR FL	1.4 CITY- ST- ZIP	
TITLE	VSD	2.1 TITLE	
NAME	RENNO, JAMES WILLIAM	2.2 NAME	
STREET ADDRESS	2011 N. 49 AVENUE	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 its predecessor 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 in an attachment with an addendum.

SIGNATURE:  **6513 ARBOR DR.
MIRAMAR, FL 33023** 4/25/97 (094) 966 5121

CR2E034 (9/96)