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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

M58426

(1)

FRIEDLAND ASSOCIATES, INC.				Baran 1981 yan 1981 ahin 1981	
Principal Place of Business % ALAN FRIEDLAND 1801 CLINT MOORE RD SUITE 202 BOCA RATON FL 33487		Mailing Address 1801 CLINT MOORE ROAD SUITE 202 BOCA RATON FL 33487 US			
				3. Date Incorporated or Qualified 09/01/1987	3a. Date of Last Report 01/27/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #	#, etc.	Suite, Apt. #, etc.		59-2839386	Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
Oity & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Σίρ - Σίρ	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New R	agistered Agent
ERIEDI A	ND, ALAN			dress (P.O. Box Number is Not Acceptable	
1801 CLINT MOORE RD., SUITE 202				uress (r.O. Box number is not acceptable	e)
BOCA R	ATON FL 33487		83		
			84 City		FL 85 Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authorize ction 607.0505, Florida Statutes.	ed by the corporation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	pintment as registered agent. I am
12.	Signature, typical or printed name of registered ager OFFICERS AN	nt and little it applicable (NO) ND DIRECTORS	1E: Registered Agent signature requi 13.	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TOTALE	P	☐ DELETE	1. 1 TITLE	ADDITIONO/OFFICES TO OFFI	Change Addition
NAME	FRIEDLAND, ALAN		1.2 NAME		
STREET ADDRESS	1801 CLINT MOORE ROAD,	SUITE 202	1.3 STREET ADDRESS		
C-1 Y - S ! - Z P	BOCA RATON FL TS	☐ DELETE	1.4 CITY - ST - ZIP		Change
NAME	FRIEDLAND, DOROTHY	Ditter	2 1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	1801 CLINT MOORE ROAD,	SUITE 202	2 3 STREET ADDRESS		
Coly - ST - Zof	BOCA RATON FL		2 4 CITY - ST - ZIP		
ILELE		DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY ST ZIP		DELETE.	3.4 CHY-ST-ZIP 4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		•
CITY ST-ZIP			4.4 CITY - ST - ZIP		
11"(F		☐ DELETE	5. 1 THLE		Change Addition
NAME			5.2 NAME		
STREET ACCORESS			5 3 STREET ADDRESS		
DIECE DIECE		DELETE	5.4 CITY-ST-ZIP 6. 1 TITLE		☐ Change ☐ Addition
NAME		<u></u>	6.2 NAME		
STHEET ADDRESS			6.3 STREET ADDRESS		
Olf Y ST-ZIP			64 CITY-ST-ZIP		
certify that oath; that i appears in	: the information indicated on this ann	nual report or supplemental annu- poration or the receiver or trusted to an anattachment with an address	ual report is true and accu a empowered to execute t	for the exemption stated in Section 119.0 rate and that my signature shall have the his report as required by Chapter 607, Fic.	same legal effect as if made under orida Statutes; and that my name
SIGNAT	UHE: WOLLING Fre	eaunn sec.	TK95.	2/20/90	407 241-0911

2/20/96 407 241-0911