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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90053 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M58426

1. Corporation Name

FRIEDLAND ASSOCIATES, INC.

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

2. Principal Place of Business

21 6869 QUEENFERRY CI
Suite, Apt. #, etc.

2a. Mailing Address

26 6869 QUEENFERRY CI
Suite, Apt. #, etc.

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

Zip

24 33496

Country

25 United States

Zip

29 33496

Country

30 United States

9. Name and Address of Current Registered Agent

FRIEDLAND, ALAN
1801 CLINT MOORE RD., SUITE 202
BOCA RATON FL 33487

3. Date Incorporated or Qualified

09/01/1987

4. FEI Number

59-2839386

Applied For

Not Applicable

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 owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FRIEDLAND, ALAN
STREET ADDRESS 1801 CLINT MOORE ROAD, SUITE 202
CITY-ST-ZIP BOCA RATON FL

TITLE TS ☐ DELETE

NAME FRIEDLAND, DOROTHY
STREET ADDRESS 1801 CLINT MOORE ROAD, SUITE 202
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6869 QUEENFERRY CIRCLE
BOCA RATON FL 33496

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6869 QUEENFERRY CIRCLE
BOCA RATON FL 33496

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)

0364824