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## Mar 08, 2004 8:00 am Secretary of State 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT** 03-08-2004 90036 022 \*\*\*\*61.25 DOCUMENT # N03000005599

ROBERT G. FRIEDMAN FOUNDATION, INC. 24012229 Principal Place of Business Mailing Address 76 ISLA BAHIA DR 76 ISLA BAHIA DR FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 Chg-NP CR2E037 (10/03) 4. FEI Number Applied For City & State City & State 59-1726262 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'CONNOR, DANIEL P.J. ESQ BRINKLEY, MCNEREY, MORGAN, ETAL Street Address (P.O. Box Number is Not Acceptable) 200 E LAS OLAS BLVD STE 1900 FT LAUDERDALE, FL 33301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change TITLE Delete FRIEDMAN, ROBERT G NAME 76 ISLA BAHIA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33316 ☐ Change ☐ Addition ☐ Delete TITLE TITLE FRIEDMAN, EUGENIE S NAME 76 ISLA BAHIA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33316 CITY-ST-2IP ~ Change ☐ Addition - Delete -TITE F TITLE NAME FRIEDMAN, ELIZABETH STREET ADDRESS 76 ISLA BAHIA DR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33316 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

relduar R.G. Friedman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #