


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY - 1 PM 12: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N22601** (1)
1. Corporation Name
FRIENDSHIP NETWORK, INC.

Principal Place of Business Mailing Address
% WILLIAM J. WATSON, JR
227 NE 17TH STREET
MIAMI FL 33132-1231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/21/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0047154** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Sulte, Apt. #, etc. 26 Sulte, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

FEBRES, HELEN PRESIDE
FRIENDSHIP NETWORK
227 NE 17TH ST
MIAMI FL 33132

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEVRES, HELEN G
STREET ADDRESS	227 NE 17TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	JONES, JOHN
STREET ADDRESS	1000 SW 84TH AVENUE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	T
NAME	GIAMPAOLO, JOHN
STREET ADDRESS	5711 S DIXIE HWY
CITY-ST-ZIP	S. MIAMI FL
TITLE	T
NAME	NIXON, RHONDA
STREET ADDRESS	1489 NW 36 ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	AUDET, ELLEN
STREET ADDRESS	7500 LA SALLE BLVD
CITY-ST-ZIP	MIRAMAR FL
TITLE	D
NAME	IVES, JUDY
STREET ADDRESS	1000 SW 84TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	FEBRES, HELEN G.
1.4 CITY-ST-ZIP	227 NE 17 ST. MIAMI, FL. 33132
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	JONES, JOHN
2.4 CITY-ST-ZIP	1000 SW 84 AVENUE PEMBROKE PINES, FL. 33025
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	OTTATO, PHIL
3.4 CITY-ST-ZIP	4725 W 20 AVENUE HALEAH, FL 33012
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	FRED PEEL
4.4 CITY-ST-ZIP	5711 S. DIXIE HWY. S. MIAMI. FL 33143
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TRUSTEE
5.3 STREET ADDRESS	CAROL H. PRATT
5.4 CITY-ST-ZIP	227 NE 17 STREET MIAMI, FL. 33132
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen Febres 4/28/95 539-9365 (306)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #