

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 13 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22601 (1)**  
1. Corporation Name  
**FRIENDSHIP NETWORK, INC.**



Principal Place of Business		Mailing Address	
C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231		C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	09/21/1987
4. FEI Number	65-0047154
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**THOM, JILLIAN**  
421 NW 100 TERR. MIAMI FL 33100

*700 NW 214 St # 321  
Miami, FL 33169*

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Jillian Thom* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JONES, JOHN	
STREET ADDRESS	1000 SW 84 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	OTTATO, PHILLIP	
STREET ADDRESS	630 ALTON RD.	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	IVES, JUDY	
STREET ADDRESS	1000 SW 84 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PRATT, CAROL H	
STREET ADDRESS	227 NE 17TH ST.	
CITY-ST-ZIP	MIAMI FL 33132-1231	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEEL, FRED	
STREET ADDRESS	6273 SW 72 ST #D6	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ottato, Phillip	
1.3 STREET ADDRESS	<del>1000 SW 84 AVE</del> 227 NE 17 ST	
1.4 CITY-ST-ZIP	<del>Pembroke Pines, FL</del> Miami, FL 33132	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IVES, JUDY	
2.3 STREET ADDRESS	1000 SW 84 AVE.	
2.4 CITY-ST-ZIP	Miami Beach, FL 33139	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jones, John	
3.3 STREET ADDRESS	1000 SW 84 AVE	
3.4 CITY-ST-ZIP	Pembroke Pines, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Hope Pratt* 4/28/98

CP21E037 (10/97)