

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 <b>C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231</b>	Mailing Address <b>C/O CAROL HOPE PRATT 227 NE 17TH STREET MIAMI FL 33132-1231</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>09/21/1987</b>	4. FEI Number <b>65-0047154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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 <b>THOM, JULIAN 421 NW 100 TERR. MIAMI FL 33100</b> <b>700 NW 214 St # 321 Miami, FL 33169</b>	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 <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JONES, JOHN 1000 SW 84 AVE. PEMBROKE PINES FL	1.1 TITLE	President Ottato, Phillip 227 NE 17 ST MIAMI BEACH, FL 33132
NAME	VP OTTATO, PHILLIP 630 ALTON RD. MIAMI BCH FL 33139	1.2 NAME	VP Ives, Judy 1000 SW 84 AVE. MIAMI BEACH, FL 33139
STREET ADDRESS	SD Ives, JUDY 1000 SW 84 AVE. PEMBROKE PINES FL	1.3 STREET ADDRESS	SD Jones, John 1000 SW 84 AVE PEMBROKE PINES, FL
CITY-ST-ZIP	T PRATT, CAROL H 227 NE 17TH ST. MIAMI FL 33132-1231	1.4 CITY-ST-ZIP	
	D PEEL, FRED 6273 SW 72 ST #D6 MIAMI FL 33143	2.1 TITLE	
	D Ives, JUDY 1000 SW 84TH AVE PEMBROKE PINES FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		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	

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: \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

Deadline Phone # \_\_\_\_\_

CP2E037 (10/97)