FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36787** **(2)**

1. Corporation Name
FRIENDS FUND, INC.

Principal Place of Business	Mailing Address
1300 W BROWARD BLVD FT LAUDERDALE FL 33312	1300 W BROWARD BLVD FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1990
3a. Date of Last Report: 06/29/1994
4. FEI Number: 65-0176391 ☐ 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
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

POLLOCK, RICHARD C., M.P.A.
7797 N UNIVERSITY DRIVE #105
TAMARAC, FL 33321

10. Name and Address of New Registered Agent

81 Name: Christopher M. Ninos
82 Street Address (P.O. Box Number is Not Acceptable): 1700 S. Dixie Highway, Suite #3-C
83 Boca Raton, Florida 33432
84 City: Boca Raton, FL 85 Zip Code: 33432

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: Christopher Manuel Ninos C.P.A. 05-05-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JONES, LILLY	12 NAME	
STREET ADDRESS	1300 W BROWARD BLVD	13 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ABRAMS, JOHN	22 NAME	
STREET ADDRESS	1300 W BROWARD BLVD	23 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	24 CITY ST ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, BRUCE	32 NAME	
STREET ADDRESS	1300 W BROWARD BLVD	33 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	JOACHIM, GINA	42 NAME	
STREET ADDRESS	1300 W BROWARD BLVD	43 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	DRAGO, CYNTHIA	52 NAME	
STREET ADDRESS	1300 W BROWARD BLVD	53 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DRAGO, CHARLES	62 NAME	
STREET ADDRESS	1300 W BROWARD BLVD.	63 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	64 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 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: Cynthia L Drago Cynthia L Drago Treasurer 5/4/95 305/761-5605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048184