

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

3. Date Incorporated or Qualified

02/22/1990

3a. Date of Last Report

05/11/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**NINOS, CHRISTOPHER M.
1700 S. DIXIE HIGHWAY
STE #3-C
BOCA RATON FL 33432**

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 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

Christopher Muscato Ninos C.P.A.

CHRISTOPHER MUSCATO NINOS C.P.A.

04-29-96

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D JONES, LILLY**
STREET ADDRESS **1300 W BROWARD BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D ABRAMS, JOHN**
STREET ADDRESS **1300 W BROWARD BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **P ROBERTS, BRUCE**
STREET ADDRESS **1300 W BROWARD BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ DELETE

NAME **S JOACHIM, GINA**
STREET ADDRESS **1300 W BROWARD BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **T DRAGO, CYNTHIA**
STREET ADDRESS **1300 W BROWARD BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D DRAGO, CHARLES**
STREET ADDRESS **1300 W BROWARD BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME **D KING, JOHN**
13 STREET ADDRESS **1300 W. BROWARD BLVD.**
14 CITY-ST-ZIP **FT. LAUDERDALE, FL**

21 TITLE ☐ Change ☒ Addition

22 NAME **S NELSON, CORINNE**
23 STREET ADDRESS **1300 W. BROWARD BLVD.**
24 CITY-ST-ZIP **FT. LAUDERDALE, FL**

31 TITLE ☐ Change ☒ Addition

32 NAME **D PENEY, TODD**
33 STREET ADDRESS **1300 W. BROWARD BLVD.**
34 CITY-ST-ZIP **FT. LAUDERDALE, FL**

41 TITLE ☐ Change ☒ Addition

42 NAME **D McDOUGAL, RUTH**
43 STREET ADDRESS **1300 W.BROWARD BLVD.**
44 CITY-ST-ZIP **FT. LAUDERDALE, FL**

51 TITLE ☐ Change ☒ Addition

52 NAME **D BREWER, JOHN**
53 STREET ADDRESS **1300 W. BROWARD BLVD.**
54 CITY-ST-ZIP **FT. LAUDERDALE, FL**

61 TITLE ☐ Change ☒ Addition

62 NAME **D DZOBA, NANCY**
63 STREET ADDRESS **1300 W. BROWARD BLVD.**
64 CITY-ST-ZIP **FT. LAUDERDALE, FL**

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)(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:

Cynthia L. Drago / Cynthia L. Drago, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

954/761-5605

Office Phone #

CR2E037 (12/95)