## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047704 (0)
BETWEEN FRIENDS, INC.

Principal Place of Business	Mailing Address				
12668 MANDARIN RD.	12668 MANDARIN RD.				
JACKSONVILLE FL \$2223	JACKSONVILLE FL 32223-1711				

## **FILED** May 16 1997 8:00am Secretary of State



Principal Place of Business 12888 MANDARIN RO. JACKSONVILLE FL \$2223		12688 MAN	Mailing Address 12688 MANDARIN RD. JACKSONVILLE FL 32223-1711						
						3. Date Incorporated or Qualified 07/06/1993	3a. Date of 02/29/	Last F 1996	Report
2. Principal Place of Business 2a. Mailing Addi			Address	dress		4. FEI Number		ĀĮ	oplied For
21		26		<del></del>		59-3189875		N	ot Applicable
Sulte, Apt.	#, etc.	Suite, Aj	pt. #, etc.			5. Certificate of Status Desired			Additional
22		27							equired
City & Stat	e	<sub>1</sub> '	City & State			6. Election Campaign Financing	\$5.00 May Be		
23	28		Country		Trust Fund Contribution				
Zip Country		<b>├</b> ¬	Zip Country 30			8. This corporation has liability for intangible tax under s. 1 Florida Statutes Yes \( \sum_{\text{N}} \) Yes \( \sum_{\text{N}} \) No			
24	25 9. Name and Address of Cu	[29] rrent Registered Ag		<u>301</u>		Florida Statutes  10. Name and Address of New Re			
BR/	ANT MOORE SAPP MACDON			81	Name		gretorou riger	·	
	NORTH LAURA ST.		•						
SUITE 3100			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	CKSONVILLE FL 32202			83				•	
0. 10							<del></del>	<b></b>	
				84	City		FL 85	i Zip	Code
office or r agent. I a	im familiar with, and accept the of	bligations of, Section	607.0505, Flori	ida Statute	S.	poration submits this statement for the pation's board of directors. I hereby acception's		nent as	registered
12.	Signature, typed or printed name of registions		INO16	Registered Age	not a griature requ	ned when renstating) ADDITIONS/CHANGES TO OFFIC	DATE	COTO	2C IN 12
TITLE	D	AND DIRECTORS	DELETL	117006		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	MASON, KAREN	L		1.2 NAME				onunge	L. Madition
STREET ADDRESS	12668 MANDARIN RD.			1.3 STREET	*DDDC00				
	JACKSONVILLE FL 32223				1				
CITY-ST-ZIP	-D		DELETE	1.4 CHY-5 2.1 THU	5) - ZIF			Change	Addition
NAME	LAGRANDE, ELAINE			2.2 NAME				one ign	
STREET ADDRESS	1777 RIVERGATE PL			2.3 BTREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32223			2 4 01Y -					
TITLE			DELETE	31 10116				Change	Addition
NAME		_		3.2 NAME	)			٠	
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-SI-ZIP				3.4. (CITY)	.				
TITLE			DELETE	4.1 111LE				Change	Addition
NAME				4 2 NAME					
STREET ADDRESS				4.3 \$1KEE1	LADORESS				
CITY-ST-ZIP				4.4 CHTY- S					
TITLE			DELETE	5.1 TITLE				Change	Addilion
NAME				5.2 NAME	)				
STREET ADDRESS				5.3 \$TREE	ADDRESS				
CITY-ST-ZIP				5.4 ¢ny- 9					
TITLE			DELETE	6 1 Tiřlé				Change	Addition
NAME				6.2 NAME				•	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				64¢∏Y-S					
VITE OF AR	<del></del>					1: 0 : 110 67(0)(1) 5: 11 0: 1			

I do 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 eath; that I am an officer or director of the convocation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if Changed, or on an attachment with an address.