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

**PROFIT** CORPORATION ANNUAL REPORT

1999

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOOLINENT II DOOD OO DOOD						01-20-1999 90011 034 ***150.00				
DOCUMENT # P93000057867										
FRIEDMAN SALES & MARKETING, INC.										
FRIEDIVIAN SALES & WARRETING, INC.							1 2 <b>6 0</b> 14 <b>0 0</b> 1 31 <b>0</b> 10 100 0 17111 <b>0 0</b> 111 <b>0 0</b> 111 <b>0 0</b> 111	8.819.1 B1F1		80110 1 <b>8 8</b> 1 1 <b>6 8</b> 1
Principal Plac	e of Business	Mailing Address				$\dashv$				####   <b>         </b>
Principal Place of Business Mailing Address 901 N.E. 27TH AVENUE 901 N.E. 27TH AVENUE										
HALLANDALE FL 33009  HALLANDALE FL 33009  HALLANDALE FL 33009										.1
							DO NOT WRITE IN 1	THIS SP	ACE	
-						3.	Date Incorporated or Qualifed		`	
Delinainal B	land of Duniana	2a. Mailing Address		_	<del></del>	+-	08/18/1993 FEI Number			
						4.	65-0430987			olied For Applicable
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.									\$8.75 A	
22 27						5.	Certificate of Status Desired		Fee Re	
City & State City & State						6.	, Election Campaign Financing		\$5.00	May Be
23	28						Trust Fund Contribution		Added to	
Zip	Country Zip •			Country			. This corporation owes the current year	ir Intang	jible	_
24	[25]	1	30			_	_Personal Property Tax./998-110 /9			□ No
9. Name and Address of Current Registered Agent  81 Name						10.	Name and Address of New Registe	red Ago	ant	
FRIEDMAN, RONALD R				1	Italiie					
240 W. PALMETTO PARK RD.			8:	2	Street Addre	ess (F	P.O. Box Number is Not Acceptable)			
SUITE 300			8:	83						
BOCA RATON FL 33432							<u> </u>			,
			84	4	City		ı	FI	85 Zip C	ode
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes,					-named corpo	ratio	on submits this statement for the purpos	e of cha	anging its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	thorized by	y th	he corporation	n's b	poard of directors. I hereby accept the a	ppointm	ent as rec	istered
SIGNATURE	The same of the same same same same same same same sam	5115 51, 5554611 557.5555, 11611		٠.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require						when	reinstating) DATE	Ē		
12.				13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D CONTRACTOR OF THE PROPERTY O	☐ DELETE	1.1 TITLE					L	] Change	☐ Addition
NAME	FRIEDMAN, BERNARD ss 901 N.E. 27TH AVENUE			1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	HALLANDALE FL 33009									
CITY-ST-ZIP	D DELETE		1.4 CITY-ST-ZIP 2.1 TITLE						] Change	Addition
NAME	FRIEDMAN, RANDY		2.2 NAME					<u> </u>	, change	
STREET ADDRESS	9077 N.W. 49TH PLACE		2.3 STREET ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL 33067		2.4 CITY-ST-ZIP							
TITLE	D DELETE			3.1 TITLE					] Change	Addition
NAME	FRIEDMAN, DOUGLAS		3.2 NAME							
STREET ADDRESS	TARA DI LUTTITICAL OLLO DE		3.3 STREET ADDRESS				•			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP							
TITLE	D DELETE		4.1 TITLE					C	] Change	Addition
NAME	FRIEDMAN, DAVID		4. 2 NAME							
. STREET ADDRESS	902 BALSAMINA DRIVE	<del>-</del>	4.3 STREE		~ -			_	_	
CITY-ST-ZIP	BRANDON FL 33510		4.4 CITY-	ST-	ZIP			·		- 14
TITLE		☐ DELETE	5.1 TITLE		1				] Change	Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attagment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: WINA

**FILED** 

Jan 20, 1999 8:00am

**Secretary of State** 

Change

☐ Addition