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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035391

FRILIFF	'AMALAN, INC.									
Principal Place	e of Business	Mailir	ng Address				F (M#14M#) ((M 3M1)1 M(M() M3	er 48311 88111 84141	165 	1 16161 1191 1861
1610 E. HALLANDALE BEACH BLVD HALLANDALE FL 33009 US 1610 E. HALLANDALE BEACH BLVD HALLANDALE FL 33009 US								VRITE IN THIS	SPACE	
							3. Date Incorporated or Quali	fed	•	
- 0: : :0	(D		failing Address				05/09/1994 4. FEI Number		ľΔr	oplied For
_	face of Business		alling Address				65-0509014		<u> </u>	ot Applicable
Suite, Apt.	# nto	26	uite, Apt. #, etc.							Additional
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City & State	e		City & State	. ,			6. Election Campaign Financi	ing —	\$5.00	May Be
23		28	•				Trust Fund Contribution	"" "		to Fees
Zip	Country	Zi	ip	Countr			8. This corporation owes the	current year In	tangible	4
24	25	29		30	_		Personal Property Tax.		☐ Yes	□Nő
	g, Name and Address	of Current Register	red Agent				10. Name and Address of Ne	w Registered	Agent	
200	DICKS ALAM S			81	1 Nam	е	•		i	
	ricks, alan s I n e 7th street, #15	50		82	2 Stree	et Addres	ss (P.O. Box Number is Not Acc	eptable)		
	E 510	50		83	3					
1	LANDALE FL 33009								lac! Zin	Code
				84	1 1			FL	_	
11. Pursuant office or nagent. I a	to the provisions of Section egistered agent, or both, in m familiar with and accept	ns 607.0502 and 607 the State of Florida. the obligations of, Se	.1508, Florida Statu Such change was ection 607.0505, Fl	ites, the above authorized by orida Statute	ve-name y the co	ed corpor rporation	ation submits this statement for 's board of directors. I hereby a	the purpose of ccept the appo	f changing its intment as re	s registered egistered
i		ALAN S	· RUDRIC	108			·	2/16	<u>/11 </u>	
SIGNATURE	Signature, types or printed name of r	registered agent and title if ap	pplicable. (NOT	E: Registered Age			when reinstating)	DATE /	<u> </u>	
SIGNATURE	Signature, Need printed name of r	ALAN S	PUDRIC opicable. (NOT TORS	E: Registered Age	ent signatul		·	OFFICERS A	ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, types printed name of r	registered agent and title if ap	pplicable. (NOT	E: Registered Age 13. 1.1 TITLE	ent sígnatul		when reinstating)	OFFICERS A	ND DIRECTO	
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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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)