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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400035433 (9)
FRIEDMAN, SIEGEL, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business
12943 RIVERPLACE CT
JACKSONVILLE FL 32223

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28 Z₁p

29

12943 RIVERPLACE CT JACKSONVILLE FL 32223 FILED Apr 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Not Applicable

3. Date Incorporated or Qualified 05/11/1994

59-3242764

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

FRIEDMAN, BRUCE W				B1   Name				
12943 RIVERPLACE CT JACKSONVILLE FL 32223			82	82 Street Address (P.O. Box Number is Not Acceptable)				
MANUALLIPPE LE AFTEA				3				
			84	City	F	B5 Zij	Code	
office or re agent. I an	o the provisions of Sections 607.0502 and ogistered agent, or both, in the State of Flo in lamiliar with, and accept the obligations	rida. Such change was a	authorized by	y the cor	d corporation submits this statement for the purpose rporation's board of directors. I hereby accept the ap	of changing	its registered is registered	
SIGNATURE :	Signature: Typed or profed name of requirered agont and to	the if applicable (NOT)	L Registered Age	ent signatur	re required when reinstating) DATE			
12.	OFFICERS AND DIR		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE			Change	Additio	
NAME	FRIEDMAN, BRUCE W		1.2 NAME					
STREET ADDRESS	12943 RIVERPLACE CT		1.3 STREET	T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 C(TY-5	ST-ZIP				
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NAME			22 NAME		·			
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IAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS	,			
CITY-ST-7IP			6.4 CITY-	ST-ZIP				
mdicated officer or o	on this applied report or survilomental appli	ual report is true and acc or trustee empowered to	curate and th	ız vin tar	ited in Section 119.07(3)(i), Florida Statutes. I further ignature shall have the same legal effect as if made tas required by Chapter 607, Florida Statutes; and that	under datn:	macranian	

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Country