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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Morthami Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071419 (3)

. Corporation Name	. • .		_	-
FRIEDMAN &	FELDMESSER.	P.A.		

Mailing Address Principal Place of Business 10850 SW 113TH PL #214 10850 SW 113TH PL #214 MIAMI FL 33176 MIAMI FL 33176 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 09/28/1994 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0560199 26 21 \$8.75 Additional 5. Certificate of Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Country Zıp Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) FRIEDMAN, KENNETH R 10850 SW 113TH PL #214 83 **MIAMI FL 33176** Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. 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. Familiar with, and accept the obligations of, Section 607,0506, Florida Statutes. DATE R2E034 (12/95) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition 12. Change DELETE 1.1111.8 TITLE 12 NAME FRIEDMAN, KENNETH R NAME 1.3 STREET ADDRESS 10850 SW 113TH PL #214 STREET ADDRESS 14 CITY ST-ZIP MIAMI FL 33176 Change Addition CITY-ST-ZIP DELETE 2 1 1111.8 TITLE 2.2 NAME FELDMESSER, MARK NAME 2.3 STREET ADDRESS 2655 N OCEAN DR #205 STREET ADDRESS 2.4 CHY ST-ZIP SINGER ISLAND FL 33404 Change Addition CITY - ST - ZIP DELETE 3 111LE TITLE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 4 1 111LE TITLE 4.2 NAME NAME 4.3 STREE! ADDRESS

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 agreed report or suppliemental arrival report is true approach and that my signature shall have the same legal effect as if made under certify that I am an officer or director of this emporation or the receiver or trustly; empowered to succute this report as required by Cycipter 627, Florida Statutes, and that my name appears in Block 12 or Block 13 if practice, or on an attrohnent with an address.

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CITY - ST - ZIP

CITY-S1-7IP

TITLE

NAME

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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Change

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