

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 94000093983

1. Corporation Name

FRIENDLY INTERACTIVE TECHNOLOGIES, INC

Principal Place of Business

Mailing Address

1820 N. UNIVERSITY DR.  
SUITE 214  
PLANTATION, FL. 33322

FILED

97 MAY 14 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2a. Mailing Address

21 5802 TYLER ST.

26 5802 TYLER ST.

Suite, Apt. # etc

Suite, Apt. #, etc.

22 City & State

27 City & State

23 HOLLYWOOD, FL

28 HOLLYWOOD, FL

24 Zip

Country

29 Zip

Country

33021

33021

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12-27-1994

6-25-96

4. FEI Number

Applied For

65-0581113

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

ROBERT A. SMOLEY  
21000  
1820 N UNIVERSITY DR.  
PLANTATION

81 Name

H. ALAN TUCKER

82 Street Address (P.O. Box Number is Not Acceptable)

5802 TYLER ST.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

H. ALAN TUCKER

(NOTE: Registered Agent signature required when reinstating)

4-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P.D.  
NAME GERBAULT, JEAN PIERRE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME SMOLEY, ROBERT A.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

7 5802 TYLER ST  
HOLLYWOOD, FL. 33021

S GERBAULT, JEAN PIERRE  
5802 TYLER ST.  
HOLLYWOOD FL 33021

V.P.  
SILLER, JUAN  
5804 TYLER ST.  
HOLLYWOOD, FL 33021

700002192937-0  
-05/28/97-01036-015  
\*\*\*\*\*165.00 \*\*\*\*\*165.00

Change Addition

Change Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN SILLER

Date

Daytime Phone #

4-29-97(954) 962-4589

CR2E034 (12/95)