PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500063401

1. Corporation Name

PATRICIA A. FRIED, C.P.A., P.A.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90026 010 ***150.00



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Principal Place of Business Mailing Address								3 IMBIIMDI 150 18101 Ozlay Bouta maryı mesir Asırı	T AITH O ITHIS MINIS	. 08 101 1185 1 40 1	
14340 BEDFORD COURT 14340 BEDFORD COURT FORT LAUDERDALE FL 33325 FORT LAUDERDALE FL 33325					5			DO NOT WRITE IN THE	S SPACE _		
							3	3. Date Incorporated or Qualifed 08/16/1995			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	Aı	pplied For	
21 26								65-0608428	N ₍	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional	
22			27					, continuate of Children		equired	
City & State			City & State				6	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		Zip		intry		a	This corporation owes the current year In		_	
24	25	29		30	,			Personal Property Tax.	Yes	No	
	9. Name and Address of Current	Regis	stered Agent		81	Al	10	Name and Address of New Registered	Agent		
ÉDIEI	D, PATRICIA A				• •	Name					
14340 BEDFORD COURT					82	Street A	Address (dress (P.O. Box Number is Not Acceptable)			
	LAUDERDALE FL 33325				83						
					84	City		F	85 Zip	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Flori	ida. Such change	was authorized	i by '	the corpo	corporati oration's I	ion submits this statement for the purpose ob board of directors. I hereby accept the appo	of changing its	registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable.	(NOTE: Registered	Agen	signature re	required wher	n reinstating) DATE			
12.	OFFICERS ANI			13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	D	_	☐ DELE	TE 1.1 TI	TLE:				☐ Change	☐ Addition	
NAME .	FRIED, PATRICIA A			1.2 N/	AME	Į	ļ			. (
STREET ADDRESS	14340 BEDFORD COURT			1,3 \$1	TREET	ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33325		_	1,4 CI	TY-S1	-ZIP	İ				
TITLE	D .		☐ DELE	TE 2.1 TI	TLE				☐ Change	☐ Addition	
NAME	FRIED, RICHARD I			2.2 N	AME	ľ	}				
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CITY-ST-ZIP	FORT LAUDERDALE FL 33325			2.4 C	ITY-S	T-ZIP					
TITLE			☐ DELE	3,1 TΓ	TLE		l		☐ Change	☐ Addition	
NAME.				3.2 N	AME						
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NAME				5.2 N							
STREET ADDRESS			•			ADDRESS]				
CITY-ST-ZIP					TY-S1	-ZIP	<u> </u>	<u></u>			
TITLE			☐ DELE						☐ Change	Addition	
NAME				6.2 N			1			1	
STREET ADDRESS						ADDRESS	1			ļ	
CITY-ST-ZIP				6.4 CI	TY-ST	-ZIP	1				

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.

CITY-ST-ZIP

Daytime Phone #