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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000078899 (8)

1. Corporation Name
FRIENDS & ASSOCIATES, INC.

Principal Place of Business
7219 MOSS LEAF LANE
ORLANDO FL 32819

Mailing Address
7219 MOSS LEAF LANE
ORLANDO FL 32819-4739

3. Date Incorporated or Qualified
10/09/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
NOT APPLICABLE

Applied For
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEMPLO, ERNESTO K
7219 MOSS LEAF LANE
ORLANDO FL 32819

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

NAME PABLO, EDGAR
STREET ADDRESS 8542 SHADY GLEN DR.
CITY, ST, ZIP ORLANDO FL 32819

1.2 NAME PABLO, MERLE
1.3 STREET ADDRESS 8542 SHADY GLREN DR
1.4 CITY, ST, ZIP ORLANDO, FL 32819

TITLE P ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME TEMPLO, ERNESTO K
STREET ADDRESS 7219 MOSS LEAF LANE
CITY, ST, ZIP ORLANDO FL 32819

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE S ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME DEL ROSARIO, EDNA
STREET ADDRESS 1724 GOLDEN PUPPY COURT
CITY, ST, ZIP ORLANDO FL 32824

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE T ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME JAVIER, DAN E
STREET ADDRESS 3851 JANIE COURT
CITY, ST, ZIP ORLANDO FL 32822

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

ERNESTO K. TEMPLO, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97 (407) 345-9431
Date Daytime Phone

0002501

CR2E034 (9/96)