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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **POCUMENT # P96000023995 (9)**

ROBERT J. FRIEDMAN, P.A.

Principal Place of Business Mailing Address						d sassibet ild liking antit aptit beitt belit	0 B11 & 11 2 0 M 1	***** 19119 79TWF	Asst 1884
1150 EAST HALLANDALE BEACH BLVD SUITE A 1150 EAST HALLANDALE FL 33009 HALLANDALE FL 3300			MALE BEACH BLVD., SUITE A 09-4432						
						3. Date Incorporated or Qualified 03/15/1996	3a. Dat	e of Last Re	eport
2. Princ pal P 21	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0647828		Applied For Not Applicable		
Suite, Apt 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re		
City & Stat 23		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	Cour	ntry	i	8. This corporation has liability for in			199.032,
24	25	[29]	30				Yes 🗌		
9. Name and Address of Current Registered Agent  EDITION OF THE STATE						10. Name and Address of New Reg	pistered A	gent	
	IDMAN, ROBERT J	A Allere		81	Name				
	0 East Hallandale Beach Bl Landale fl 33009	VO., SUITE A	Ì	82	Street Ado	iress (P.O. Box Number is Not Acceptab	e)		
*				83		777			
			ļ	84	City		FL	<b>85</b> Zip C	Code
SIGNATURE	Separatory on experience of priorgasia					tion's board of directors. I hereby accep	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12
THEE	PD	☐ DELETE	1.1 10	LE				Change	Addition
NAME	FRIEDMAN, ROBERT J		1.2 NA	ME					
STREET ADDRESS	1150 EAST HALLANDALE BEAG	CH BLVD., SUITE A	1.3 ST	REET	ADDRESS				ļ
CITY - ST - ZIP	HALLANDALE FL 33009		14 CF	_	ST - ZIP				
TITLE	i i	DELETE	2 1 Ti	LE				Change	Addition
NAME			2 2 NA		Ì				
STREET ADDRESS					ADDRESS				
CITY-ST-7:F		DELETE			ST-ZIP			Change	Addition
TITLE		T' T hereis	31717					∟ crearge	Addition
NAME			3.2 NA						
STREET ADDRESS					ADDRESS				
CHY-ST-7#		DELETE	3.4. CI 4.1 T/J	-	ST-ZIP			Change	Addition
I NAME			4.2 N					- Unungo	
STREET ADORESS					ADDRESS				
			1						
CITY-ST-ZIP TITLE		DELETE	4.4 CI		H-ZIP			Change	Addition
NAME		veech	52 NA						
STREET ACCRESS					ADDRESS				
CITY-ST-ZIP					ST - ZiP				

SIGNATURE:

TITLE NAME

STREET ADDRESS

Ditty - ST - 200

E OF SIGNING OFFICER OR DIRECTOR

DELETE

6.1 TITLE

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 angula 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 of 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 in changed of ri an attachment with an address.

Change

Addition

**FILED** 

Jan 23 1997 8:00am

Secretary of State