

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000106143
1. Corporation Name
FOUR BUDDIES, INC.

Principal Place of Business Mailing Address
2345 WILTON DRIVE 2345 WILTON DRIVE
WILTON MANOR, FL 33305 WILTON MANOR, FL 33305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/97	
21. Suite, Apt. #, etc.		26. 9720 PINES BLVD		4. FEI Number 59-3488996	
22. City & State		27. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. City & State		28. PEMBROKE PINES, FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Zip		29. 33024		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
25. Country		30. U S			

9. Name and Address of Current Registered Agent

JOHN LOMBARDO
2345 WILTON DRIVE
WILTON MANOR, FL 33305

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code FL

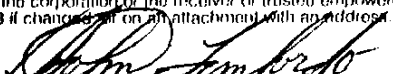
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PS
NAME	JOHN LOMBARDO	1.2 NAME	
STREET ADDRESS	381 NW 36TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	JOHN COSTELLO	2.2 NAME	
STREET ADDRESS	381 NW 36TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	NICHOLAS YANUZZI	3.2 NAME	
STREET ADDRESS	717 WEST LAS OLAS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	RALPH HERNDON	4.2 NAME	
STREET ADDRESS	717 WEST LAS OLAS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***150.00

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address.

SIGNATURE:  JOHN LOMBARDO 4/7/98 954-563-7752

CR2E034 (10/97)