

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90023 018 \*\*\*150.00

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1. Corporation Name

FOUR BUDDIES, INC.

Principal Place of Business

2345 WILTON DRIVE  
WILTON MANORS FL

Mailing Address

2345 WILTON DRIVE  
WILTON MANORS FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number  
59-3488996

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 33024 30 U S A

2a. Mailing Address

26 9720 PINES BLVD

27 Suite, Apt. #, etc.

28 City & State

PEMBROKE PINES, FL

29 Zip Country

9. Name and Address of Current Registered Agent

LOMBARDO, JOHN  
2345 WILTON DRIVE  
WILTON MANORS FL

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME LOMBARDO, JOHN  
STREET ADDRESS 381 NW 36 STREET  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE S ☐ DELETE

NAME COSTELLO, JOHN  
STREET ADDRESS 381 NW 36 STREET  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE T ☒ DELETE

NAME YANUZZI, NICHOLAS  
STREET ADDRESS 717 WEST LAS OLAS BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VP ☒ DELETE

NAME HERNDON, RALPH  
STREET ADDRESS 717 WEST LAS OLAS BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*John Lombardi*

JOHN LOMBARDI

1/14/99

954-563-7752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)