

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
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90029 011 ***150.00

DOCUMENT # P 98000105656

1. Corporation Name

Friedman Ventures, Inc.

Principal Place of Business

Mailing Address

13156 Valewood Drive
Naples, Florida 34119

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/21/98

4. FEI Number

36-4269788

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

2a. Mailing Address

13156 Valewood Drive
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

28 Same

Zip

Country

34119 25 U.S.

Zip

Country

29 Same 30 U.S.

9. Name and Address of Current Registered Agent

NRAI Services, Inc.
526 East Park Avenue
Tallahassee, Florida 32301

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	President	<input type="checkbox"/> DELETE
NAME	Sheldon Friedman	
STREET ADDRESS	13156 Valewood Drive	
CITY-ST-ZIP	Naples, Florida 34119	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Sheldon Friedman	
STREET ADDRESS	13156 Valewood Drive	
CITY-ST-ZIP	Naples, Florida 34119	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Marlene Friedman	
STREET ADDRESS	13156 Valewood Drive	
CITY-ST-ZIP	Naples, Florida 34119	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Sheldon Friedman	
STREET ADDRESS	13156 Valewood Drive	
CITY-ST-ZIP	Naples, Florida 34119	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Marlene Friedman	
STREET ADDRESS	13156 Valewood Drive	
CITY-ST-ZIP	Naples, Florida 34119	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99 941 513 0040

CR2E034 (11/98)