SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S11590

(4)

H F OF BRADENTON, INC.

FILED						
Sep 24 1998 8:00am						
Secretary of State						

A RESIDENT AND ALGORITHMS COME AND A SOLD BARBOR COME COME COME STORE STORE STORE

Principal Place of Business	Mailing Address			
% Harvey Friedman 5572 Park Blvd Pinellas Park Fl 346 65 US	% HARVEY FRIEDMAN 5572 PARK BLVD PINELLAS PARK FL 34665 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		11/08/1990 4. FEI Number 59-3039817 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
City & State	27 City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 3 78 Country 25 25 S. Name and Address of Cur	29 33781 30	untry	8. This corporation owes or has paid the corporation Property Tax due June 30. 10. Name and Address of New Registers	Yes No
FRIEDMAN, HARVEY 5572 PARK BLVD PINELLAS PARK FL 34665		83	Address (P.O. Box Number is Not Acceptable)	
		84 City	_	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								
12.	OFFICERS AND DIR		13.		FFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE		Change Addition			
NAME	FRIEDMAN, HARVEY		1.2 NAME					
STREET ADDRESS	5572 PARK BLVD		1.3 STREET ADDRESS					
City-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	33781				
TITLE	D	DELETE	2.1 TITLE		Change Addition			
NAME	FRIEDMAN, CAROLYN H.		2.2 NAME		 •			
STREET ADDRESS	5572 PARK BLVD		2.3 STREET ADDRESS					
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP	33781				
TITLE		DELETE	3.1 TITLE		Change Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4 CITY-ST-ZIP					
TITLE		DELETE	4.1 TITLE		Change Addition			
NAME			4.2 NAME		<u> </u>			
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP	_		4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 T(TLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		Change Addition			
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS		f			
CITY-\$T-ZIP			6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filling 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 of 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 conposition 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 charged, or on an attamment with an address.

SIGNATURE

KLQUIKED

9-17-98

(813) 546-0061