

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S15797 (1)

1. Corporation Name

FRIEDMAN I, INC.



Principal Place of Business

Mailing Address

~~3400 S RIDGEWOOD AVE~~  
SOUTH DAYTONA FL 32119  
US

~~2701 S RIDGEWOOD AVE~~  
SOUTH DAYTONA FL 32119

2. Principal Place of Business

2a. Mailing Address

21 115 QUIET CIRCLE

26 115 QUIET CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 DAYTONA BEACH FL

27 City & State  
28 DAYTONA BEACH FL

24 Zip 32124 25 Country US

29 Zip 32124 30 Country US

3. Date Incorporated or Qualified  
12/07/1990

3a. Date of Last Report  
07/10/1995

4. FEI Number  
59-3051355

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDMAN, DIANA G.  
2701 S RIDGEWOOD AVE  
S. DAYTONA FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

115 QUIET CIRCLE

83

84 City DAYTONA BEACH

FL

85 Zip Code 32124

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 *Diana Friedman*

Signature, typed or printed name of registered agent and beneficial owner

(NOTE: Registered Agent signature required when changing)

DATE

3-2-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | EVPS                        | <input type="checkbox"/> DELETE |
| NAME           | FEORE, JOHN P., SR.         |                                 |
| STREET ADDRESS | 2701 SOUTH RIDGEWOOD AVENUE |                                 |
| CITY-ST-ZIP    | SOUTH DAYTONA FL            |                                 |
| TITLE          | PCEO                        | <input type="checkbox"/> DELETE |
| NAME           | FRIEDMAN, DIANA G           |                                 |
| STREET ADDRESS | 2701 SOUTH RIDGEWOOD AVENUE |                                 |
| CITY-ST-ZIP    | SOUTH DAYTONA FL            |                                 |
| TITLE          | D                           | <input type="checkbox"/> DELETE |
| NAME           | FRIEDMAN, DIANA G           |                                 |
| STREET ADDRESS | 2701 SOUTH RIDGEWOOD AVENUE |                                 |
| CITY-ST-ZIP    | SOUTH DAYTONA FL            |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY-ST-ZIP    |                                                                              |
| 21 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS | 115 QUIET CIRCLE                                                             |
| 24 CITY-ST-ZIP    | DAYTONA BEACH FL 32124                                                       |
| 31 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                              |
| 33 STREET ADDRESS | 115 QUIET CIRCLE                                                             |
| 34 CITY-ST-ZIP    | DAYTONA BEACH FL 32124                                                       |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: *Diana Friedman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/2/96  
Daytime Phone: 404/441-6549

CR2E034 (12/95)