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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **G70636**

1. Corporation Name
FREELAND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
740 S MILITARY TRAIL SUITE D WEST PALM BCH FL 33415	740 S MILITARY TRAIL SUITE D WEST PALM BCH FL 33415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 11/18/1983
4. FEI Number: 59-2345247 ☐ 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

9. Name and Address of Current Registered Agent

BRADEN, DANA D.
2290 10TH AVENUE, N., STE. 600
LAKE WORTH FL 33461-0051

10. Name and Address of New Registered Agent

81 Name: PATRICIA L. FREELAND
82 Street Address (P.O. Box Number is Not Acceptable): 740 SOUTH MILITARY TRAIL #D
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33415

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: PATRICIA L. FREELAND — 1/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ DELETE	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	FREELAND, JAMES J		1.2 NAME	Freeland, Patricia L
STREET ADDRESS	108 MORGATE CIRCLE		1.3 STREET ADDRESS	6186 Seven Springs Blvd
CITY-ST-ZIP	ROYAL PALM BEACH FL		1.4 CITY-ST-ZIP	Greenacres Fl. 33463
TITLE	VTS	☐ DELETE	2.1 TITLE	VTS ☒ Change ☐ Addition
NAME	FREELAND, PATRICIA L		2.2 NAME	Freeland, Patricia L
STREET ADDRESS	108 MORGATE CIRCLE		2.3 STREET ADDRESS	6186 Seven Springs Blvd
CITY-ST-ZIP	ROYAL PALM BEACH FL		2.4 CITY-ST-ZIP	Greenacres Fl. 33463
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	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ 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	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Patricia Freeland — 1-5-99 — 5614390000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #