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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002110 (2)
1. Corporation Name
SET FREE IF YOU WANT TO BE, INC.



Principal Place of Business 511 ROSARY ROAD SUITE 10 LARGO FL 34640	Mailing Address POST OFFICE BOX 2068 LARGO FL 33779-2068
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. 33770	29. Country

3. Date Incorporated or Qualified 04/16/1996	3a. Date of Last Report N/A
4. FEI Number 59-3373505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**D'ANDREA, MARLENE
511 ROSARY ROAD
SUITE 10
LARGO FL 34640 *new zip code***

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL 33770

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ANDRE, MARLENE	
STREET ADDRESS	511 ROSARY ROAD, SUITE 10	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ANDRE, ROBERT R	
STREET ADDRESS	511 ROSARY ROAD, SUITE 10	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ANDRE, ROBERT JR.	
STREET ADDRESS	8100 ULMERTON ROAD	
CITY-ST-ZIP	LARGO FL 34641	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, RANDY	
STREET ADDRESS	2511 N. GRADY	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	correct spelling of last name: add "a"	
1.3 STREET ADDRESS	D'ANDREA	
1.4 CITY-ST-ZIP	NEW ZIP CODE: 33770	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Correct spelling of last name: add "a"	
2.3 STREET ADDRESS	D'ANDREA	
2.4 CITY-ST-ZIP	New Zip Code: 33770	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Correct spelling of last name: add "a"	
3.3 STREET ADDRESS	D'ANDREA	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas, Gail	
4.3 STREET ADDRESS	5533-81st Terr. Pinellas Park, FL	
4.4 CITY-ST-ZIP	33781	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thomas, Mike	
5.3 STREET ADDRESS	5533-81st Terrace, Pinellas Park, FL	
5.4 CITY-ST-ZIP	33781	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hoekstra, Mary J.	
6.3 STREET ADDRESS	11 Idlewild St., Apt. 602	
6.4 CITY-ST-ZIP	Clearwater, FL 34630	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marlene D'Andrea* **Marlene D'Andrea, President** 813-586-3733
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052058

CR2E037 (9/96)