

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 # **P93000074549 (5)**

1. Corporation Name
FREEDOM FINANCIAL ADVISORS, INC.



Principal Place of Business
**101 SOUTH HALL LANE
SUITE 400
MAITLAND FL 32751
US**

Mailing Address
**101 SOUTH HALL LANE
SUITE 400
MAITLAND FL 32751
US**

3. Date Incorporated or Qualified **10/21/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

4. FEI Number
59-3224809

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
**TANGRI, ASHWANI K
744 SUNCREST LOOP
SUITE 310
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent
81 Name **TANGRI, ASHWANI K**
82 Street Address (P.O. Box Number is Not Acceptable) **1462 SUNSHADOW DR, SUITE 3-100**
83
84 City **CASSELBERRY** 85 Zip Code **FL 32707**

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 *Ashwani K. Tangri*, **ASHWANI K TANGRI** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANGRI, ASHWANI K	1.2 NAME	TANGRI, ASHWANI K
STREET ADDRESS	744 SUNCREST LOOP, SUITE 325	1.3 STREET ADDRESS	1462 SUNSHADOW DR, SUITE 3-100
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBERT, RUSSELL C JR	2.2 NAME	
STREET ADDRESS	209 N. HILLSIDE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANGRI, ASHWANI K	3.2 NAME	TANGRI, ASHWANI K
STREET ADDRESS	744 SUNCREST LOOP, SUITE 325	3.3 STREET ADDRESS	1462 SUNSHADOW DR, SUITE 3-100
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLBERT, RUSSELL C JR	4.2 NAME	
STREET ADDRESS	209 N. HILLSIDE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Ashwani K. Tangri*, **ASHWANI K. TANGRI** Date **3-1-96** Daytime Phone # **(407) 667-4764**

CR2E034 (12/95)