

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 24 1998 8:00am

Secretary of State

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # P96000017845 (4)
 1. Corporation Name
FREDDY'S RAIDERS INCORPORATED



| | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Principal Place of Business 2145 DAVIE BLVD SUITE 204 FT LAUDERDALE FL 33312 | Mailing Address 2145 DAVIE BLVD SUITE 204 FT LAUDERDALE FL 33312 |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified 02/27/1996 | |
| 4. FEI Number 65-0647276 | Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**SMITH, FRANK
 2145 DAVIE BLVD
 SUITE 204
 FT LAUDERDALE FL 33312**

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 |

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

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------------------|--------------------------------------------|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | JARRETT, FREDRICK | |
| STREET ADDRESS | 938 NW 1 AVE | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33311 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | BERNARD, R | |
| STREET ADDRESS | 462 W MELROSE CIR | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33311 | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | MESSINA, BRENT | |
| STREET ADDRESS | 2145 DAVIE BLVD., #204 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33312 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | MUSKOVYUK, KEITH | |
| STREET ADDRESS | 2145 DAVIE BLVD., #204 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33312 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CLARKE, CLIFTON | |
| STREET ADDRESS | 2880 NW 15 ST. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33311 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | LACUE, HAROLD | |
| STREET ADDRESS | 2061 NW 43RD TERRACE #209 | |
| CITY-ST-ZIP | LAUDERHILL FL 33319 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|-------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Palmer, Dannovan | |
| 1.3 STREET ADDRESS | 2864 NW 10 Place | |
| 1.4 CITY-ST-ZIP | Ft lauderdale, FL 33312 | |
| 2.1 TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Salcedo, James | |
| 2.3 STREET ADDRESS | 3801 SW 12 Ct. | |
| 2.4 CITY-ST-ZIP | Ft. lauderdale, FL 33312 | |
| 3.1 TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | FRANK SMITH | |
| 3.3 STREET ADDRESS | 2145 DAVIE BLVD # 204 | |
| 3.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Clarke, Clifton | |
| 5.3 STREET ADDRESS | 2880 NW 15 St. | |
| 5.4 CITY-ST-ZIP | Ft lauderdale, FL 33311 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 500002571395 | |
| 6.3 STREET ADDRESS | -06/24/98 - 01000 - 010 | |
| 6.4 CITY-ST-ZIP | ***150.00 | |

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.

CR2E034 (10/97)

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