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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028659 (5)

FILED Mar 05 1998 8:00am Secretary of State

1954) 816<u>-3166</u>

FREEN	IAN CORPORATION	•	s Maintai hia sami abbh atmi sain agin sa	ila kest iska skal sina lak isa
	·			
Principal Plac	e of Business Mailing Address		- I sharener and still remark morty masse dibert an	110 11001 10110 01101 01110 1011 1001
3264 N.W. 84TH AVENUE 3264 N.W. 84TH AVENUE		NUE		
UNIT 612 SUNRISE FL	UNIT 612 33351 SUNRISE FL 33351		DO NOT WRITE IN	THIS SPACE
			3. Date Incorporated or Qualified	
			03/27/1997	
	Place of Business 2a. Mailing Address	1 10340 av	4. FEI Number	Applied For
21 484	NW 105R0 (UV 26 489) NK #, etc Suite Apt. #, etc.	1 100 to to	650-74-1315	Not Applicable
Suite, Apt.	ite 19 27 Suite	19	5. Certificate of Status Desired	Fee Required
City & Stat	NRISE Florida 20 Sunkise	Florida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip O a a	Country Zip 23351	Country	8. This corporation owes or has paid th	
24 22	9. Name and Address of Current Registered Agent	30 United State	Personal Property Tax due June 30. 10. Name and Address of New Regist	Yes No
[21] N				
and the officer				
3204 N.W. 64 IT AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) 4812 VIA 10310 (RV Suite 19				
SUNRISE FL 33351 83				
		84 City	LIPISE	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Sta	itutes, the above-named corpo	and a submite this statement for the sum	Joseph
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 Chas by Account Press Account C.C.O. 2/2/98 Signature, tyried or public disparage and tillo it applicable (NOTE: Registered Agent signature required when reinstating) DATE				
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	Dresident ICEO. DELETE	1.1 TITLE		Change Addition
NAME	Christopher O. FREEMAN	1.2 NAME		
STREET ADDRESS	4991 NW 103RD Swite 19	1.3 STREET ADDRESS		,
CITY-ST-ZIP	SILVIRISE Florida 33351	1.4 CITY- ST-ZIP		T and T large
TITLE	DELETE	2.1 TITLE		L Change L Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	1	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	☐ DELĒTE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	- Marie	6.2 NAME		C overify C vigorous
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		•
14. I hereby o	certify that the information supplied with this filing does not qualify	v for the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I furth	ner 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 for an attachment with an address.				