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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90009 001 ***150.00



1. Corpo	CUMENT # 49408 HAEL J. FREEMAN, P.A.	2		
P. O. BOX	Place of Business A AVE 140668 BLES FL 33114-7668	Mailing Address 153 SEVILLA AVE P. O. BOX 140668 CORAL GABLES FL 331	114-7668	
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principa	al Place of Business			01/26/1976
21	3.2.2.2.2.3.1033	2a. Mailing Address		4. FEI Number
Suite, A	pt. #, etc.	26	<u> </u>	50-1641000 Applied For
22		Suite, Apt. #, etc.	<u> </u>	
City & S	State	27		5. Certificate of Status Desired \$8.75 Additional
23		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip		Truet Fund Canada at
24	25	<u> </u>	Country	8. This corporation owes the current year Intangible
	9. Name and Address of Curre	nt Posintered A	30	
		nt Registered Agent		10. Name and Address of New Registered Asset
j FR	EEMAN, MICHAEL J.		81 Nam	ame Registered Agent
15	3 SEVILLA AVE.		82 Stree	reet Addrson (D.O. B.
CC	ORAL GABLES FL 33134		[]	reet Address (P.O. Box Number is Not Acceptable)
			83	
				·
11. Pursuan	t to the provisions of Sauti		84 City	- 95 Zin Code
office or	registered agent, or both, in the State	2 and 607.1508, Florida Statut	tes, the above-name	red corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with, and accept the obliga-	tions of Section 607,0505. Fig	uthorized by the cor	orporation's board of directors. I hereby accept the appointment of the purpose of changing its registered
SIGNATURE			inda Statutes.	accept the appointment as registered
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered Agent signature	ure required when reinstating)
TITLE	PDS OFFICERS ANI	D DIRECTORS	13.	
NAME	1	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
=	FREEMAN, MICHAEL J.		1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	153 SEVILLA AVE		•	
CITY-ST-ZIP	CORAL GABLES FL		1.3 STREET ADDRESS	SS
TITLE		☐ DELETE	1.4 CITY-ST-ZIP	
NAME			2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			2.2 NAME	
CITY-ST-ZIP			2.3 STREET ADDRESS	s)
TITLE		☐ DELETE	2.4 CITY-ST-ZIP	
AME		I DELETE	3.1 TITLE	- ☐ Change ☐ Addition
TREET ADDRESS			3.2 NAME	·L. Change
TY-ST-ZIP			3.3 STREET ADDRESS	
TLE			3.4. CITY- ST-ZIP	1.7
AME		☐ DELETE	4.1 TITLE	T
REET ADDRESS			4. 2 NAME	☐ Change ☐ Addition
TY-ST-ZIP			4.3 STREET ADDRESS	
LE			4.4 CITY-ST-ZIP	
ME		☐ DELETE	5.1 TITLE	
REET ADDRESS		ı	5.2 NAME	☐ Change ☐ Addition
Y-ST-ZIP			5.3 STREET ADDRESS	
.E			5.4 CITY-ST-ZIP	
1		☐ DELETE	6.1 TITLE	
AE			6.2 NAME	☐ Change ☐ Addition
EET ADDRESS			6.3 STREET ADDRESS	
-ST-ZIP				
nereby cert	ify that the information supplied with the		6.4 CITY-ST-ZIP	(

Thereby 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 effect 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.

IGNATURE:

305 442 1567