PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 569743

 Corporation 	Name									
FREEDMAN REALTY, INC.										
	(D)	Mail	ing Addross				-			
Principal Place of Business Mailing Address 2101 CORPORATE BLVD 5157 MAJORCA CLUB DR										
2101 CORPORATE BLVD 5157 MAJORCA CLUB DR #317 BOCA RATON FL 33486							1			
BOCA RATON FL 33431 US							DO NOT WRITE IN THIS SPACE			
US ·							3. Date Incorporated or Qualifed			
			A 44				05/08/1978 4. FEI Number		Applied For	
Principal Place of Business 2a. Mailing Address							1	<u> </u>	Not Applicable	
21	# -4-	26	Suite, Apt. #, etc.				59-1821672		Additional	
<u></u> ,							5. Certifcate of Status Desired	•	Required	
22							6. Election Campaign Financing	\$5.0	0 May Be	
23 28							Trust Fund Contribution	•	d to Fees	
Zip	Country	1 7 7	Zip	Coun	try		8. This corporation owes the current year I		ارد	
24	25 29 30				Personal Property Tax.					
	9. Name and Address of Current	Registe	ered Agent				10. Name and Address of New Registere	d Agent		
COET				['	B1	Name				
FREEDMAN, JOSHUA				B2	Street Addre	ess (P.O. Box Number is Not Acceptable)				
5157 HAJORCA CLUB DR.							<u> </u>			
STW 405 BOCA RATON FL 33486					83					
NOTON INTO I L SOTON					84	City	F	85 Zij	p Code	
TO ALL COTATION Floride Statutes the ob-]	named corps			its registered	
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 register 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.									registered	
agent. I a	m familiar with, and accept the obligat	ions of,	Section 607.0505, Floa	nda Statu	tes.	•			į	
SIGNATURE	Stgnature, typed or printed name of registered agen	t and title if	applicable. (NOTE:	Registered A	gen	t signature required	when reinstating) DATE			
12.	OFFICERS AN		··-	13.	Ť		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		
TITLE	PD		☐ DELETE	1.1 TITL	E			Change	e 🛅 Addition	
NAME	FREEMAN, JOSHUA			1.2 NAM	Æ				ļ	
STREET ADDRESS 2101 CORPORATE BLVD, #317 13 ST				1.3 STF	EET	ADDRESS			1	
CITY-ST-ZIP	BOCA RATON FL			1.4 CIT	Y-S1	T-ZIP		C Character	a Daddisiaa	
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NAME.				3.2 NA		- ADDDCCC			}	
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TITLE			<u></u>	4. 2 NA					ļ	
NAME						T ADDRESS				
STREET ADDRESS CITY-ST-ZIP				4.4 CIT						
TITLE			☐ DELETE	5.1 TIT				☐ Chang	e Addition	
NAME				5.2 NA	ΜE					
STREET ADDRESS	·			5.3 STF	REET	TADORESS				
CITY-ST-ZIP				5.4 CIT	Y-5	T-ZIP				
TITLE			☐ DELETE	6.1 1111	E			☐ Chang	je 🗌 Addition	
NAME				6.2 NA	ME					

CITY-ST-ZIP 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 supplementa 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 for the receiver or trustee empowers 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 aedress, with 30 other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90037 033 ***150.00

Daytime Phone #