

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

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **657714** (2)  
1. Corporation Name  
**FREEDOM OF CHOICE REALTY, INC.**

Principal Place of Business <b>541 SOUTH STATE ROAD SUITE #4 MARGATE FL 33068-1711 US</b>	Mailing Address <b>541 SOUTH STATE ROAD SUITE #4 MARGATE FL 33068-1711 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>03/03/1980</b>	
21		26		4. FEI Number <b>59-1982706</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		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

**BOCKHOLD, H. J.  
7373 N.W. 82ND TERRACE  
PARKLAND FL 33067**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b>	1.1 TITLE	<b>MT</b>
NAME	<b>BOCKHOLD, JULIENNE R.</b>	1.2 NAME	<b>BOCKHOLD, JULIENNE R.</b>
STREET ADDRESS	<b>7373 N.W. 82ND TERRACE</b>	1.3 STREET ADDRESS	<b>7373 NW 82ND TERRACE</b>
CITY-ST-ZIP	<b>PARKLAND FL</b>	1.4 CITY-ST-ZIP	<b>PARKLAND FL 33067-1099</b>
TITLE	<b>M</b>	2.1 TITLE	<b>CS</b>
NAME	<b>BOCKHOLD, H.J.</b>	2.2 NAME	<b>HEATH GRETCHEN</b>
STREET ADDRESS	<b>541 S. STATE ROAD 7, SUITE 4</b>	2.3 STREET ADDRESS	<b>7373 NW 82ND TERRACE</b>
CITY-ST-ZIP	<b>MARGATE FL 33068-1711</b>	2.4 CITY-ST-ZIP	<b>PARKLAND FL 33067-1004</b>
TITLE		3.1 TITLE	<b>VP</b>
NAME		3.2 NAME	<b>BOCKHOLD HAROLD H.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>541 S STATE RD #7 Suite 4</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MARGATE FL 33068-1711</b>
TITLE		4.1 TITLE	<b>P</b>
NAME		4.2 NAME	<b>BOCKHOLD HAROLD J</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>7373 NW 82ND TERRACE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>PARKLAND FL 33067-1099</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 individual or the dec empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed or on an attachment or an address.

SIGNATURE:  **Harold J. Bockhold** 1/11/98 (am) 737-7300

CR2E034 (10/97)