

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 691737 (1)

1. Corporation Name

FREEMAN FINANCIAL CORP.

Principal Place of Business

**Stephen A. Freeman
520 Brickell Key Dr.
Suite 0-305
Miami, Florida 33131**

Mailing Address

**Stephen A. Freeman
520 Brickell Key Dr.
Suite 0-305
Miami, Florida 33131**

3. Date Incorporated or Qualified
06-24-1981

3a. Date of Last Report
02-01-95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2107178

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Freeman, Stepehn A.
520 Brickell Key Drive, Suite 0-305
Miami, Florida 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent, if that applies

Signature of Registered Agent required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVS** ☐ DELETE
NAME **Freeman, Martin**
STREET ADDRESS **520 Brickell Key Dr., Suite 0-305**
CITY-ST-ZIP **Miami, Florida 33131**

1.1 TITLE **DPS** ☒ Change ☐ Addition

TITLE **DV** ☐ DELETE
NAME **Freeman, Helaine**
STREET ADDRESS **520 Brickell Key Dr. Suite 0-305**
CITY-ST-ZIP **Miami, Florida 33131**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **AS** ☐ DELETE
NAME **Freeman, Stephen A.**
STREET ADDRESS **520 Brickell Key Dr., Suite 0-305**
CITY-ST-ZIP **Miami, Florida 33131**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**000001825060
-05/16/96--01076--034
***225.00**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

5-16-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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 in an attachment with an address.

SIGNATURE:

Stephen A. Freeman-AS

05-01-96

374-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Registered Phone #

CR2E034 (12/95)