

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 839880 (2)
1. Corporation Name
FREUND ASSOCIATES, INC.

Principal Place of Business Mailing Address
4020 GALT OCEAN DR. #1805 4020 GALT OCEAN DR. #1805
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308
1500 So. Ocean Blvd
BOCA RATON, FL, 33432 AND



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2555 LONE PINE RD Suite, Apt. #, etc. 22 City & State 23 W. BLOOMFIELD MI Zip 24 48323	2a. Mailing Address 26 2555 LONE PINE RD Suite, Apt. #, etc. 27 City & State 28 W. BLOOMFIELD MI Zip 29 48323	3. Date Incorporated or Qualified 01/24/1978 4. FEI Number 38-1913404 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Date of Last Report 04/23/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 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
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9. Name and Address of Current Registered Agent FREUND, RICHARD A. 4020 GALT OCEAN DR. #1805 FORT LAUDERDALE FL 33308	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1500 S. OCEAN BLVD 83 2555 LONE PINE RD #802 S 84 City BOCA RATON FL 85 Zip Code 33432
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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		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FREUND, RICHARD A.	1.2 NAME	
STREET ADDRESS	4020 GALT OCEAN DR.	1.3 STREET ADDRESS	2555 LONE PINE RD
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	W. BLOOMFIELD MI 48323
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, ROBERT A.	2.2 NAME	
STREET ADDRESS	8463-13 VIA MALLORCA	2.3 STREET ADDRESS	
CITY-ST-ZIP	LA JOLLA CA 92037	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, HELENE H.	3.2 NAME	
STREET ADDRESS	4020 GALT OCEAN DR.	3.3 STREET ADDRESS	2555 LONE PINE RD
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	W. BLOOMFIELD MI 48323
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINMAN, FRANCES	4.2 NAME	
STREET ADDRESS	550 HENLEY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI 48008	4.4 CITY-ST-ZIP	BIRMINGHAM, MI 48009
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDS, PATRICIA	5.2 NAME	
STREET ADDRESS	4924 LEESBURG	5.3 STREET ADDRESS	
CITY-ST-ZIP	W BLOOMFIELD MI 48323	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, MEREDITH	6.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 231	6.3 STREET ADDRESS	281 SOUTH ILWACO RD
CITY-ST-ZIP	RIVER FALLS WI 54022	6.4 CITY-ST-ZIP	

14. I do 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 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 # changed, or on an attachment with an address.

CR2E034 (4/97)