

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F37631** (1)

1. Corporation Name

FREELANCER LTD, INC.



Principal Place of Business

**1 N BLACKWATER LANE.
KEY LARGO FL 33037**

Mailing Address

**1 N BLACKWATER LANE.
KEY LARGO FL 33037**

2. Principal Place of Business

21 **103100 OVERSEAS HWY.**

Suite, Apt. #, etc.

22 **SUITE#53**

City & State

23 **KEY LARGO, FL 33037**

Zip

24 **33037**

Country

25 **MONROE**

2a. Mailing Address

26 **103100 OVERSEAS HWY.**

Suite, Apt. #, etc.

27 **SUITE#53**

City & State

28 **KEY LARGO, FL 33037**

Zip

29 **33037**

Country

30 **MONROE**

3. Date Incorporated or Organized

06/18/1981

3a. Date of Last Report

03/07/1995

4. FEI Number

59-2109874

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

g. Name and Address of Current Registered Agent

**BEATTIE, ALAN
1 N BLACKWATER LANE
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

Signature of person to be registered as registered agent, trustee or shareholder

Signature of Registered Agent or shareholder if not the same as above

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BEATTIE, SUSAN	
STREET ADDRESS	1 N BLACKWATER LANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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.

SIGNATURE:

Susan Beattie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN BEATTIE

02/01/96

Date

305-451-0349

Daytime Phone #

CR2E034 (12/95)