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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(3)

14551 S.W. 21ST ST.

14551 S.W. 21ST ST.

FREE SPIRIT ENTERPRISES, INC.

Principal Place of Business	Mailing Address	. 1001017 0111	

DAVIE FL 333	325	DAVIE FL 33325							
						 Date Incorporated or Qualified 09/20/1984 	3a. Date o	f Last Re /26/199	port)5
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				59-2456646		↑.	lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	untry		8. This corporation has liability for	intangible tax	under s	199.032,
24	25	29	30				🔀 No		
	9. Name and Address of Curren	t Registered Agent	- L k · · ·	Π		10. Name and Address of New F	egistered A	gent	
				81	Name				
CCHARE	, WILLIAM L.					(D.O. Day N. subay in Not Appenda	Jal		
	S.W. 21ST STREET			82	Street Addre	ss (P.O. Box Number is Not Acceptate	неј		
				63				· · · -	
DAVIE F	L 33325			150					
				84	City		FL	85 Zir	Code
						ation submits this statement for the pu		Щ	
familiar with	h, and accept the obligations of Sect	ion 607.0505, Florida Statutes	S.		Il signature required	d of directors. I hereby accept the app	DATE.		
12.	OFFICERS AN		13.	- 5		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	ST	T) DELETE		TITLE				Change	☐ Addition
	SCHARF, LINDA L.			AME					
MAME	14521 S.W. 21ST STREET				ADDRESS				
STREET ADDRESS	DAVIE FL				l				
CITY-ST-ZIP	DP DAVIE FL	DELETE		CITY-S THILE	II-ZIP			Change	Addition
TITLE		[] OCCC E					<u> </u>	i onango	
NAME	SCHARF, WILLIAM L.			NAME					
STREET ADDRESS	14551 S.W. 21ST STREET				ADDRESS				
CITY - ST - ZIP	DAVIE FL	PD oc. tre		CITY-S	T-ZIP			Change	[] Addition
TOLE	·	DELETE		TITLE			L.] Change	Addition
NAME			3.21	NAME					
STREET ADDRESS			3.3	STREE	T ADDRESS				
CHY-ST-ZP				CITY-S	ST - 7(P			2.0	- 4450
71717			•	TITLE] Change	☐ Addition
TIFLE		DELETE	4.1	FFILL					
namf		[] DELETE		NAME					
		[] DELETE	4.2	NAME	ADDRESS				
NAMF		☐ DELETE	4.2 l 4.3 l	NAME					
NAME STREET ADDRESS		☐ DELETE	4.2 4.3 4.4	NAME STREET] Change	☐ Addition
NAMF STREET ADDRESS CITY-ST-ZIP			4.21 4.33 4.41 5.1	name Street City - S] Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.2 4.3 4.4 5.1 5.2	NAME STREET CITY - S TITLE NAME] Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS			4.2 4.3 4.4 5 1 5 2	NAME STREET CHY-S TITLE NAME STREET	ST-ZIP T ADORESS		С] Change	☐ Addition
NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS C-TY-ST-7IP			4.2 4.3 4.4 5 1 5 2 5 3 5 4	NAME STREET CITY - S TITLE NAME	ST-ZIP T ADORESS			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.2 4.3 4.4 5 1 5 2 5 3 5 4 6 1	NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ST-ZIP T ADORESS				
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS C-TY-SI-ZIP TITLE NAME		☐ DELETE	4.2 4.3 4.4 5 1 5 2 5 3 5 4 6 1 6.2	NAME STREET CHY-S TITLE NAME STREET CHY-S TITLE NAME	T ADORESS ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.2 4.3 4.4 5 1 5 2 5 3 5 4 6 1 6.2	NAME STREET CHY-S TITLE NAME STREET CHY-S TITLE NAME	I ADDRESS T ADDRESS				

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:

LINDA L. SCHARF 4-16-96 954-473-1835