

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H50687
1. Corporation Name
FREEDOM CAPITAL INC.

000001817790
-05/13/96--01019--007
***208.75

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified: **4/4/85** 3a. Date of Last Report: **4/25/95**
4. FEI Number: **59-2540234** 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

2. Principal Place of Business 2a. Mailing Address
21. **FDIC-100 Colony Sq. Box 68** 26. **FDIC-100 Colony Sq. Box 68**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **Ste. 2200** 27. **Ste. 2200**
City & State City & State
23. **Atlanta, GA** 28. **Atlanta, GA.**
City & State City & State
24. **30361** 25. **USA** 29. **30361** 30. **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 South Pine Island Rd.
Plantation, Fl 33324

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 607.0505 Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Patricia J. Ray	
3. STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
4. CITY-ST-ZIP	Atlanta, GA. 30361	
5. TITLE	D/VP/AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Charles P. Farrell, JR.	
7. STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
8. CITY-ST-ZIP	Atlanta, GA. 30361	
9. TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	John P. Rossetti	
11. STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
12. CITY-ST-ZIP	Atlanta, GA. 30361	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia J. Ray - President

4/2/96 (404) 870-7048
Date Day/Time/Year

CR2E034 (12/95)

5/1/96