

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 13 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 # J09737 (4)**  
 1. Corporation Name  
**F.L.C. FREEDOM PROPERTIES, INC.**



Principal Place of Business Mailing Address  
**4350 LJ VILLAGE AVE** **4350 L J VILLAGE DR**  
**STE 400 C/O TAX** **STE 400 C/O TAX**  
**SAN DIEGO CA 92122-1233** **SAN DIEGO CA 92122**  
**US** **US**

2. Principal Place of Business 2a. Mailing Address  
 21 **4350 L.J. Village Dr.** 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 **92122-1233** 30

3. Date Incorporated or Qualified **04/15/1986** 3a. Date of Last Report **05/01/1996**  
 4. FEI Number **65-0006685** 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**CORPORATION INFORMATION SERVICES INC.** 81 Name  
**1201 HAYS ST** 82 Street Address (P.O. Box Number is Not Acceptable)  
**TALLAHASSEE FL 32301** 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 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLD, CASEY R	1.2 NAME	Wendy m. Godoy
STREET ADDRESS	4350 LJ VILLAGE DR #400 C/O TAX	1.3 STREET ADDRESS	4350 L.J. Village Dr, #400 C/O TAX
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	1.4 CITY-ST-ZIP	SAN DIEGO CA 92122-1233
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS L. HAGEMAN	2.2 NAME	James Hutchison
STREET ADDRESS	4350 LJ VILLAGE DR #400 C/O TAX	2.3 STREET ADDRESS	4350 L.J. Village Dr, #400 C/O TAX
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	2.4 CITY-ST-ZIP	SAN DIEGO CA 92122-1233
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEIER, CRAIG A	3.2 NAME	Holli G. Hurley
STREET ADDRESS	4350 LJ VILLAGE DR #400 C/O TAX	3.3 STREET ADDRESS	4350 L.J. Village Dr, #400 C/O TAX
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	3.4 CITY-ST-ZIP	SAN DIEGO CA 92122-1233
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAPP, DAVID	4.2 NAME	Morris H. Miller
STREET ADDRESS	4350 LJ VILLAGE DR #400 C/O TAX	4.3 STREET ADDRESS	4350 L.J. Village Dr, #400 C/O TAX
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	4.4 CITY-ST-ZIP	SAN DIEGO CA 92122-1233
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, MARK P	5.2 NAME	Don S. Kovacic
STREET ADDRESS	4350 LJ VILLAGE DR #400 C/O TAX	5.3 STREET ADDRESS	4350 L.J. Village Dr, #400 C/O TAX
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	5.4 CITY-ST-ZIP	SAN DIEGO CA 92122-1233
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	RICHARD STEETS	6.2 NAME	
STREET ADDRESS	4350 LJ VILLAGE DR #400 C/O TAX	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92122-1233	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)(c), 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: *Don S. Kovacic, Vice President 4-30-97 (619) 546-3578*

CR2E034 (9/96)