

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

FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K02704

(0)

1. Corporation Name

FREEWHEELER REALTY, INC.

Principal Place of Business

Mailing Address

85960 OVERSEAS HWY.
ISLAMORADA FL 33036

85960 OVERSEAS HWY.
ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1987

4. FEI Number

65-0013747

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 85992 Overseas Highway

26 P.O. Box 1634

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Islamorada FL

28 Islamorada FL

24 Zip

25 Country

29 Zip

30 Country

24 33036

29 33036

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEELER, ALEXA
85960 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

85992 Overseas Highway

84 City

Islamorada

FL

85 Zip Code

33036

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 of person authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PST
WHEELER, ALEXA L.
STREET ADDRESS 85960 OVERSEAS HWY.
CITY-ST-ZIP ISLAMORADA FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Alex L. Wheeler
1.3 STREET ADDRESS 85992 Overseas Highway
1.4 CITY-ST-ZIP Islamorada FL 33036

TITLE ☒ DELETE

NAME D
WHEELER, ALEXA L.
STREET ADDRESS 85960 OVERSEAS HWY
CITY-ST-ZIP ISLAMORADA FL

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME John D. El Koury V.P.
2.3 STREET ADDRESS 85992 Overseas Hwy
2.4 CITY-ST-ZIP Islamorada FL 33036

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

Alexa Wheeler Pres

(305) 44-7075

CR2E034 (10/97)