FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **K40550** **(1)**

1. Corporation Name
FREEWHEELING FANTASY, INC.

Principal Place of Business
%FRANCES M. CHRISTOPHER
7420 SW 140TH TERR.
MIAMI FL 33158

Mailing Address
%FRANCES M. CHRISTOPHER
7420 SW 140TH TERR.
MIAMI FL 33158

3. Date Incorporated or Qualified: 10/24/1988
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0163073 — 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 § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
CHRISTOPHER, FRANCES M.
7420 SW 140TH TERR.
MIAMI FL 33158

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 I accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	PD
NAME	CHRISTOPHER, FRANCES M.
STREET ADDRESS	7420 SW 140TH TERR.
CITY, ST, ZIP	MIAMI FL
TYPE	STD
NAME	CHRISTOPHER, MAURICE A.
STREET ADDRESS	7420 SW 140TH TERR.
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. TYPE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

2. TYPE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

1. TYPE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

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2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

14. I 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)(ee), Florida Statutes. I further certify that the information indicated on the original 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 is added in addition to officers and directors.

SIGNATURE: [signature] 4/26/95 254-4542
SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR

0208602 CF