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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # K47699

1. Corporation Name

(9)

FREEMAN AND FREEMAN, D.C., P.A.

FILED									
Feb 25	1997	8:00am							
Secre	etary o	of State							



Principal Place of Business Mailing Address					g and notice that depart and the state about denit of the state definition of the state of the s					
5524 WEST SAMPLE RD. 5524 WEST SAMPLE RD. MARGATE FL 33073-3488										
							3. Date Incorporated or Qualified 11/29/1988		e of Last F 1/1996	Report
2. Principal I	Place of Business	2a. M	ailing Address				4. FEI Number	_ 	Ā	pplied For
1		26					65-0089369			lot Applicab
Suite, Apt	t #, €tc	27	uite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional lequired
2	ute		ity & State				6. Election Campaign Financing			May Be
3	•••	28	,				Trust Fund Contribution			to Fees
Zip	Country	71	р	Соц	untry		8. This corporation has liability for	intangible t		
4	25	29		30			Florida Statutes	Yes [No	
	9. Name and Address of Cu	rrent Register	ed Agent				10. Name and Address of New Re	gistered A	gent	
	EEMAN, ABRAHAM				81	Name				
5524 W. SAMPLE ROAD MARGATE FL 33073					82 Street Address (P.O. Box Number is Not Acceptable)					
MA	manic it oom				В3	7				
					84	City			85 Zip	Code
						·	poration submits this statement for the plant is board of directors. I hereby acception's	_FL	Ll	
12.		AND DIRECTO		13.		ii signatore redui	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DEDS AND	DIRECTO	RS IN 12
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If do 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect or director of the corporation or the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Black 13% changed for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HANE OF SIGNING DEFICER OR DIFECTO

Abrahami Freeman 2.55

(954) 977-90