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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K82262** **(2)**

1. Corporation Name
FREEZE FRAME, INC.

Principal Place of Business	Mailing Address
6000 LAKE ELLENOR, #101 ORLANDO FL 32809	6000 LAKE ELLENOR, #101 ORLANDO FL 32809-4647

3. Date Incorporated or Qualified: 04/21/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 4205 VINELAND Rd # L-9
Suite, Apt. #, etc. 22:
City & State 23: ORLANDO, FL
Zip 24: 32811 Country 25:

2a. Mailing Address
26: 4205 VINELAND Rd # L-9
Suite, Apt. #, etc. 27:
City & State 28: ORLANDO, FL
Zip 29: 32811 Country 30:

4. FEI Number: 59-2935746 ☐ 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

DAVID, CLIFFORD R.
6000 LAKE ELLENOR
STE. 101
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: DAVID, CLIFFORD R.
82 Street Address (P.O. Box Number is Not Acceptable): 4205 VINELAND RD., #L-9
83
84 City: ORLANDO FL 85 Zip Code: 32811

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DAVID, CLIFFORD R		1.2 NAME	DAVID, CLIFFORD R.	
STREET ADDRESS	6000 LK ELLENOR DR. STE 101		1.3 STREET ADDRESS	4205 VINELAND RD # L-9	
CITY-ST-ZIP	ORLANDA FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	SWIFT, DEBRA J		2.2 NAME	SWIFT, DEBRA J	
STREET ADDRESS	6000 LK. ELLENOR DR. STE. 101		2.3 STREET ADDRESS	4205 VINELAND RD # L-9	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	CS	☐ DELETE	3.1 TITLE	CO	☐ Change ☒ Addition
NAME	LONG, JACQUELINE T		3.2 NAME	RUSSELL D. MELTON	
STREET ADDRESS	6000 LK. ELLENOR DR. STE. 101		3.3 STREET ADDRESS	4205 VINELAND RD #L-9	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	T	☒ DELETE	4.1 TITLE	CS	☒ Change ☐ Addition
NAME	HARARY, LEE		4.2 NAME	LONG, JACQUELINE T	
STREET ADDRESS	1601 E. AMELIA STREET		4.3 STREET ADDRESS	4205 VINELAND RD # L-9	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I 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 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] CORPORATE SECRETARY 3-14-97 407/648-2111