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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L19475 FREEDMAN AND ASSOCIATES, P.A.

FILED Apr 16 1998 8:00am Secretary of State



			V		(441 441 444 4	(B)
Principal Place	of Business	Mailing Address		(100% (1) 40% (1) 40% (1) (1) (1) (1) (1)	HI MIDII BIDIR DIDII DIUTI B	(6t) 0101) (60)
11800 BISCAYN	IE BLVD.	Freedman & Associa	ates PA	ľ		
Freedman & Associates, P.A. 20200 N.W. 37th Avenue		20200 N.W. 37th Avenue Carol City, FL 33056		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		65-0162103		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
2		27			Fee I	Required
City & State		City & State		6. Election Campaign Financing		May Be
Zip	Country		Country	Trust Fund Contribution		d to Fees
24	25	29	30	8. This corporation owes or has pa Personal Property Tax due June		Intangibie No
	9, Name and Address of Currer		30	10. Name and Address of New Re		<u> </u>
ERE	EDMAN, SANFORD A.		81 Name			
			82 Street Ad	dress (P.O. Box Number is Not Acceptal	blo	
	n & Associates, P.A.		Street Act	raress (F.O. Box Number is Not Acceptat	DIE)	
	I.W. 37th Avenue		83	7.11		
Caroi Ci	ty, FL 33056		84 City			p Code
			City	•	FL 85 Zip) Code
SIGNATURE _	gistered agent, or both, in the State of familiar with, and accept the oblig					
SIGNATURE S	ligitature, typod or printed harne of registered age	ent and tille if applicable (N	OTE: Registered Agent signature req	quired when reinstating)	DATE	
SIGNATURE S	ligitature, typod or printed harne of registered age				DATE	ORS IN 12
SIGNATURE 5 12. TITLE	ignature, typod or printed name of registered agr OFFICERS AN	ent and tillo if applicable (N ID DIRECTORS	OTE: Registered Agent signature req	quired when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE S	OFFICERS AN P FREEDMAN, SANFORD A.	ent and tillo if applicable (N ID DIRECTORS	OTE Registered Agent signature req	quired when reinstating)	DATE CERS AND DIRECTO	ORS IN 12
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