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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M29765

(8)

Mailing Address

THE FREEMAN GROUP, INC.

**FILED** Apr 29 1997 8:00am Secretary of State

1406 DATRAN CENTER 9100 SOUTH DADELAND BLVD. MIAMI FL 33156		1406 DATRAN CENTER 8100 SOUTH DADELAND BLVD. MIAMI FL 33158-7814		9. Data Incorporated as Qualific	10. 5				
					<ol> <li>Date Incorporated or Qualifie</li> <li>04/01/1986</li> </ol>		ate of Last Fi 10/1996	leport	
_	lace of Business	2a. Mailing Address			4. FEI Number	t	<del></del>	oplied For	
	TAMIAMI TRAIL SE	26 19091 TAMIA	MI_TRA	IL_SE	65-0093211		N:	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional			
City & State		City & State						equired	
<del></del>	YERS, FL	era n			6. Election Campaign Financing		\$5.00 May Be Added to Fees		
Zib Zib	Country		FORT MYERS, FL Zip Country		Trust Fund Contribution				
24 33908	25 USA	1	30 USA		Florida Statutes	ity for intangible tax under s. 199,032,			
=:1 22200	9. Name and Address of Curren	t Registered Agent	[30]	OA .	10. Name and Address of New	Registered	Agent		
FRE	EMAN, PAUL H.		8	1 Name			<u></u>		
	B DATRAN CENTER			2 Street	Address (P.O. Box Number is Not Accep	ahlal			
	SOUTH DADELAND BLVD.		82 Street		Address (F.O. Box Number is Not Accep	able)			
	MI FL 33156		В	3					
			B	4 City			last 3:-	0.4.	
				1		FL	.     '	Code	
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.0502 egistered agont, or both, in the State m familiar with, and accopt the obliga	P and 607.1508, Florida Statuto of Horida. Such change was a dions of, Section 607.0505, Flo	es, the abo authorized l orida Statut	ve-named by the corp es.	corporation submits this statement for the poration's board of directors, I hereby acc	purpose of cept the app	changing it ointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered ager				required when reinstating)	DATE			
12.	OFFICERS AND		13.	g. nr aignato c	ADDITIONS/CHANGES TO OF		DIRECTOR	IS IN 12	
TITLE	DF	DELETE	1.1 TITLE				Change	Addition	
NAME	FREEMAN, PAUL H.		1.2 NAM	. ]					
STREET ADDRESS	9100 S. DADELAND BLVD.		1.3 STRE	ET ADDRESS	1				
CITY-ST-ZIP	MIAMI FL		1.4 CITY	ST-ZIP					
TITLE	DS	DELETE	2.1 TITLE				Change	Addition	
NAME	Freeman, Alan C.		2.2 NAMI	.					
STREET ADDRESS	19091 TAMIAMI TRAIL, SE		2.3 STREET ADDRESS		•				
CITY-ST-ZIP	FT. MYERS FL 2.41		2. 4 City	- S1 - ZiP					
TITLE	DVP	☐ DELETE	3 1 111LE	İ			Change	Addition	
NAME			3.2 NAME		·				
STREET ADDRESS	20 S. CLARK ST., #600		3.3 STRE	T ADDRESS					
CITY-ST-ZIP			3.4. CI1Y	· \$1 · 2(P					
TITLE		L_J DELFTE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAM	<u> </u>					
STREET ADDRESS			4.3 STREE	1 ADORESS					
CITY-ST-ZIP			4.4 CITY-	S1-ZIP					
TITLE		<b>□</b> DELETE	5.1 TITLE	}			Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	1 ADDRESS					
CITY-ST-ZIP			54 CHY-	S1 - ZIP					
TITLE		LJ DELETE	611016	-			Change	Addition	
NAME			6.2 NAME	- 1					
STREET ADDRESS			63 STREE	1 ADDRESS					
CITY-ST-ZIP	and the state of t	20. 4 . 70	64 CHY-	ST-ZIP					
Intormation	n indicated on this ampual tenort of su	ipplementa' annual report is tri the receiver or trustee empowe	ue and acc ered to exe	urate and	ated in Section 119.07(3)(i), Florida Statu that my signature shall have the same le eport as required by Chapter 607, Florida	aal offact ac	if made use	for oothy that	