

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 AUG 29 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22657 (3)
1. Corporation Name
FREEDOM INTERGROUP, INC.

Principal Place of Business Mailing Address
505 4TH AVE. (SAN ANTONIO, FL.)
P.O. BOX 2556
ST. LEO FL 33574
505 4TH AVE. (SAN ANTONIO, FL.)
P.O. BOX 2556
ST. LEO FL 33574



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-08/30/96--01076--001
*****70.00 *****70.00

2. Principal Place of Business 21 3037 OVERVIEW LANE Suite, Apt. #, etc. 22 City & State 23 SPRING HILL, FL Zip 24 34608 Country 25 USA	2a. Mailing Address 26 3037 OVERVIEW LANE Suite, Apt. #, etc. 27 City & State 28 SPRING HILL, FL Zip 29 34608 Country 30 USA	3. Date Incorporated or Qualified 09/24/1987 3a. Date of Last Report 03/24/1995 4. FEI Number 59-2877416 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

FROMMAN, ROBERT
8486 CESSNA DRIVE
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name WALTER MURPHY
82 Street Address (P.O. Box Number is Not Acceptable)
3037 OVERVIEW LANE
83
84 City SPRING HILL FL 85 Zip Code 34608

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Walter Murphy*
Signature, typed or printed name of registered agent and title if applicable

WALTER MURPHY TO

8/16/96
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLARD, LEE W. 505 4 AVE SAN ANTONIO FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C/P LLOYD KENDRICK 4214 LAS VEGAS DR. NEW PORT RICHEY FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FROMMAN, ROBERT 8486 CESSNA DR NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S/D DEBRA MUNDY 3633 TRUMAN DRIVE HOLIDAY, FL 34691 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO ROSENTHAL, FRANCINE 2007 MONTEGO COURT OLDSMAR FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T/W WALTER MURPHY 3037 OVERVIEW LANE SPRING HILL, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter Murphy* WALTER MURPHY (T) 8/16/96 (352) 686-1856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)