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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000003398 (2)

1. Corporation Name

FREE RENT FINDERS REALTY, INC.



Principal Place of Business

2250 PALM BEACH LAKES PKWAY BLVD. STE 116
WEST PALM BEACH FL 33409

Mailing Address

2250 PALM BEACH LAKES PKWAY BLVD. STE 116
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified

06/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

4. FEI Number

65 - 0680815

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

10. Name and Address of New Registered Agent

MORSE, CALVIN S
7394 MICHIGAN ISLE ROAD
LAKE WORTH FL 33467

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MORSE, CALVIN S
STREET ADDRESS 7394 MICHIGAN ISLE ROAD (NEW ADDRESS)
CITY-ST-ZIP LAKE WORTH FL 33467

1.1 TITLE President
1.2 NAME Morse, Calvin S.
1.3 STREET ADDRESS 39 N. Harbour Dr.
1.4 CITY-ST-ZIP Ocean Ridge, FL 33435

TITLE VT
NAME MORSE, ELEANOR S
STREET ADDRESS 7394 MICHIGAN ISLE ROAD (NEW ADDRESS)
CITY-ST-ZIP LAKE WORTH FL 33467

2.1 TITLE V. President
2.2 NAME Morse, Eleanor
2.3 STREET ADDRESS 7433 Rockbridge Cir.
2.4 CITY-ST-ZIP Lake Worth, FL 33467

TITLE S
NAME BLAIR, SAMUEL
STREET ADDRESS POST OFFICE BOX 810611
CITY-ST-ZIP BOCA RATON FL 33481

3.1 TITLE Secretary
3.2 NAME Lawrence Fallo
3.3 STREET ADDRESS 2433 Southridge Road
3.4 CITY-ST-ZIP Delray Beach, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1/13/97 (561) 733-9905

CR2E037 (9/96)