

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N 9600 0003 398

1. Corporation Name

FREE RENT FINDERS REALTY, INC.

Principal Place of Business

Mailing Address

2250 PALM BEACH LKS. BLVD.
SUITE 116
WPB, FL 33409

2250 PALM BEACH LKS. BLVD.
SUITE 116
WPB, FL 33409

2. Principal Place of Business

2a. Mailing Address

81 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/24/96

4. FEI Number

65-0680815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners' association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

CALVIN MORSE
100 E. LINTON BLVD.
STE. 500-A
DELRAY BEACH, FL 33483

81 Name

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

83

84 City

FL

86 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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES, DIR	☐ DELETE
NAME	CALVIN MORSE	
STREET ADDRESS	100 E LINTON	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	V.P., DIR	☐ DELETE
NAME	ELEANOR MORSE	
STREET ADDRESS	7433 ROCKBRIDGE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	Secy	☐ DELETE
NAME	Debra Quinn	
STREET ADDRESS	2433 Southridge Rd	
CITY-ST-ZIP	DeLray Bch, Fla. 33444	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

500002554445
-06/10/98--01035--089
***8.75

500002554445
-06/10/98--01035--088
***61.25

14. I 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:

Debra Quinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/98

689-8836

Date

Telephone Number

FILED

Jun 03 1998 8:00am

Secretary of State