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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9300006459 (0)

FINANCIAL FREEDOM ADVISORS, INC.

$\Gamma I L E D$
Apr 27 1998 8:00am
Secretary of State

EII ED

Principal Place of Business	Mailing Address	55		
4702 N.W. 1 DRIVE DEERFIELD BEACH FL 33442	4702 N.W. 1 DRIVE DEERFIELD BEACH FL 33442	•	DO NOT WRITE II  3. Date Incorporated or Qualified  01/22/1993	N THIS SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 15017 GREEN VALLEY GL	128 15017 GRES	N Valley BL	65-0386115	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10 10 10 10	1	\$8.75 Additional Fee Required
City & State  23 CLERMONT FL	City & State 28 CLERMONT	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 LAKE	29 347// 30	Country	This corporation owes or has paid     Personal Property Tax due June 3	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent				Istered Agent
HATTALA, JAMES J 4702 N.W. 1 DRIVE	=	81 Name Ja 82 Street Address	mes J. HaTT ss (P.O. Box Number is Not Acceptable	a 6
DEERFIELD BEACH FL 33442		150/	CREEN VALLE	y Blud
OCENIALLO DONOTTE SOTTE		83		
		84 City CLE	RMONT	FL 85 Zip Code 347//
<ol> <li>Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State agent. I am familiar with, and accept the oblige</li> </ol>	of Florida, Such channe was auth	orized by the corporation	n's board of directors. I hereby accept	the appointment as registered
SIGNATURE Signature, typed or printed name of registered ager	1 and title if applicable (NOTE: Re	glafered/agent signature required		4/4/98 DATE
12. OFFICERS AND		13/	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
THEF I D	DELETE	1.1 Title		Change Addition

HATTALA, JAMES J .2 NAME NAME 1. STREET ADDRESS 4702 N.W. 1 DR. STREET ADDRESS DEERFIELD BEACH FL 33442 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE ☐ Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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

SIGNATURE: JAMES JUHATTO LA IL CIL