

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY 31 PM 2:32

**STATE OF FLORIDA
TALLAHASSEE, FLORIDA**

**500001504115
-06/02/95--01009--011
*****25.00 *****25.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000022698 (3)
1. Corporation Name:
FREEDOM SCREENING CORPORATION

Principal Place of Business: **1950 CUSTOM DRIVE FT MYERS FL 33907**
Mailing Address: **1950 CUSTOM DRIVE FT MYERS FL 33907**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/23/1993	05/01/1994
Suite Apt # etc.	Suite Apt # etc.	4. FEI Number	Applied For
22	27	65-0404958	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City	State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
City	State	City	State

9. Name and Address of Current Registered Agent
**WINDLE, WINSTONE W
528 PALM WAY
GOLF STREAM FL 33483**

10. Name and Address of New Registered Agent

81 Name	500001504115
82 Street Address (P.O. Box Number is not permitted)	06-202705--01009--012 *****200.00 *****200.00
83	
84 City	FL 85 Zip Code


11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____
(Signature of principal officer or registered agent, or both, if applicable) (Print Name of principal officer or registered agent, or both, if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDLE, WINSTONE W	2. NAME	
STREET ADDRESS	528 PALM WAY	3. STREET ADDRESS	
CITY, ST, ZIP	GOLF STREAM FL 33483	4. CITY, ST, ZIP	
TITLE	DP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAPORE, SALVATORE	22. NAME	
STREET ADDRESS	9815 NW 80TH AVENUE	23. STREET ADDRESS	
CITY, ST, ZIP	HIALEAH GARDENS FL 33016	24. CITY, ST, ZIP	
TITLE	VP	31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, Charles	32. NAME	VP CHARLES TAYLOR
STREET ADDRESS	PO BOX 636	33. STREET ADDRESS	PO BOX 636 NA
CITY, ST, ZIP	PLACIDA, FL 33946	34. CITY, ST, ZIP	PLACIDA, FL 33946
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 319.071(6)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the filing of this report, or on any amendment thereto.

SIGNATURE:  **WINSTONE D. WINDLE** 4/26/95
(Signature and typed on printed name of signing officer or director)