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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079043 (4)

1. Corporation Name

FREEDOM FINANCIAL OF FLORIDA, INC.



Principal Place of Business

5991 CHESTER AVENUE
SUITE 213
JACKSONVILLE FL 32217

Mailing Address

5991 CHESTER AVENUE
SUITE 213
JACKSONVILLE FL 32217

2. Principal Place of Business

2a. Mailing Address

21 6015 CHESTER CIRCLE

26 6015 CHESTER CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

104

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32217

25 US

29 32217

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GENDZIER, SHELDON
5991 CHESTER AVENUE
SUITE 213
JACKSONVILLE FL 32217

81 Name GENDZIER, SHELDON

82 Street Address (P.O. Box Number is Not Acceptable)
6015 CHESTER CIRCLE

83 SUITE 104

84 City JACKSONVILLE

FL

85 Zip Code 32217

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, typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GENDZIER, SHELDON
STREET ADDRESS 5991 CHESTER AVENUE #213
CITY-ST-ZIP JACKSONVILLE FL 32217

1.1 TITLE DVP
1.2 NAME GENDZIER, SHELDON
1.3 STREET ADDRESS 6935 LA LOMA DA
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D
NAME HOROVITZ, BRUCE
STREET ADDRESS 5991 CHESTER AVENUE #213
CITY-ST-ZIP JACKSONVILLE FL 32217

2.1 TITLE D PT
2.2 NAME HOROVITZ, BRUCE
2.3 STREET ADDRESS 3722 LONG EAGLE RD
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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 607, 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

SHELDON GENDZIER VP

4/20/96

904 733-5021

Daytime Phone #

CR2E034 (12/95)