SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000021970 (6) Jul 16 1998 8:00am Secretary of State

FREEDOM - NO LIMIT, INC.					
					1 1015/1015 153 163/1 013/1 BB/1/3 DB/1/3 01/1/3 BB/1/3 01/1/ 101/1/ BB/1/3 1/1/1/ 1/1/1/ 1/1/1/ 1/1/1/ 1/1/1/
Principal Place of Business Mailing Address					
B181 COACH LIGHT WAY N SEMINOLE FL 34648		8181 COACH LIGHT WAY N SEMINOLE FL 24046			
SEMINOLE PL .	34040				DO NOT WRITE IN THIS SPACE
		33 <i>776</i>			3. Date Incorporated or Qualified
					03/22/1994
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3231758 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Regulred
22 City & State	^	City & State	City & State		·
23	•	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
		Zip	ip Country		8. This corporation owes or has paid the current year intangible
24	25 29 30		<u> </u>		Personal Property Tax due June 30. Yes No
 - -	9. Name and Address of Current	L			10. Name and Address of New Registered Agent
WE8	ER, JAMES J SR		81	Name	
8181 COACH LIGHT WAY N			82	Street An	ddress (P.O. Box Number is Not Acceptable)
SEMINOLE FL 34646]	0,,00,,,,	Second to the transfer of the
83776			83		
			84	City	85 Zip Code
					FL '
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 title if applicable (NOTE Register				gent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND		13.		
NAME	W eb er, James J Sr	DELETE	1.2 NAME		L Change L Addition
STREET ADDRESS	8181 COACH LIGHT WAY N		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34646		1.4 CHTY-ST-ZIP		
TITLE	DV	DELETE	2.1 TITLE		Change Addition
NAME	WEBER, JAMES J JR		2.2 NAME		Stange reducen
STREET ADDRESS	8181 COACH LIGHT WAY N		2.3 STREET ADDRESS		e e e e e e e e e e e e e e e e e e e
CITY-ST-ZIP	SEMINOLE FL 34646		2.4 CITY-ST	l l	
TITLE	DST	DELETE	3.1 TITLE		Change Addition
NAME	WEBER, PEGGY	hand vectors	3.2 NAME		
STREET ADDRESS	8181 COACH LIGHT WAY N		3.3 STREET	ADDRESS	
CITY-ST-ZIP	AMERICAL E. S. D. LO. LO.		3.4 CITY-S1	-ZIP	
TITLE			4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	RESS 4.3 S		4.3 STREET	ADDRESS	
CITY-ST-ZIP	2 44 CI		4.4 CITY-ST	-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	ET ADDRESS 5.3 ST		5.3 STREET	ADDRESS	
CITY-ST-ZIP		, <u></u>	5.4 CITY-S1	-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 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.