

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 MAY -1 AM 10: 32

DOCUMENT # P94000027747 (2)

1. Corporation Name
ABSOLUTELY FREE, INC.

Principal Place of Business 815 SANDLAKE RD ORLANDO FL 32809	Mailing Address 815 SANDLAKE RD ORLANDO FL 32809
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1984	3a. Date of Last Report
21	22	26	27	4. FEL Number 593242067	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
23. City & State		28. City & State		9. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RACHLIN, ANDREW J 815 SANDLAKE RD ORLANDO FL 32809				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Andrew Rachen* PRES. Andrew Rachen President 4/28/95
 Signature, typed or printed name of registered agent and title if applicable. DATE: 4/28/95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE	+3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RACHLIN, ANDREW J	1.2 NAME					
STREET ADDRESS	815 SANDLAKE RD	1.3 STREET ADDRESS					
CITY - ST - ZIP	ORLANDO FL 32809	1.4 CITY - ST - ZIP					
TITLE		2.1 TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		2.2 NAME	JOHN RUMPEL				
STREET ADDRESS		2.3 STREET ADDRESS	133 OVERLOOK DR				
CITY - ST - ZIP		2.4 CITY - ST - ZIP	CHILWOTA FL 32706				
TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		6.4 CITY - ST - ZIP					

REMITTED BY MAY 1

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)(b), Florida Statutes. I further certify that the information indicated in 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 partner 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, changed, or on an attachment with an address.

SIGNATURE: *Andrew Rachen* Andrew Rachen 4/28/95 407 2400900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Define Name