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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| 1  | 1996   | DIVISION OF COR  | RPORATIONS                                |   |                                   |
|--|--|--|---|---|-----------------------------------|
| i. Conxuauon                             | MENT # P 9500  |  |   |   |                                   |
| SUG                                      | AR FREE MARKO  | ET PLACE, INC  |   |   |                                   |
| Principal Place 6110 No                  | of Business LUM VERSITY BR C, FL 33321   | Mailing Address 6710 N. UNIA TAMARAC 18                                | VERSITY OR<br>CL 33321                    | 3. Date Incorporated or Qualified 3a.   | Date of Last Report               |
| 2. Principal Pla                         | ce of Business   | 2a. Mailing Address  |   | FEI Number  | Applied For                       |
| 21                                       |  | 26 Suite Apt # ote   |   | 65-0546859  | Not Applicable  \$8.75 Additional |
| Suite, Apt. #                            | I, etc.  | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired  | Fee Required                      |
| City & State                             |  | City & State   |   | 6. Election Campaign Financing  Truet Fund Contribution   | <b>\$5.00</b> May Be              |
| 23                                       |  | 28   | Country                                   | Trust Fund Contribution  B. This corporation has liability for intangit                               | Added to Fees                     |
| Zip<br><b>24</b>                         | Country 25   | Zip 30   | ¬ ·                                       | Florida Statutes Yes \(\sigma\)   | lo                                |
|  | 9. Name and Address of Currer  |  |   | 10. Name and Address of New Registe   | red Agent                         |
| DRTH                                     | UR GREEN   |  | 81 Name                                   |   |                                   |
| 1801                                     | UNIVERSITY M   | •  | 82 Street Addi                            | ress (P.O. Box Number is Not Acceptable)  |                                   |
| CILITIE                                  | : 208  |  | 83  |   |                                   |
| COOM                                     | SPRINGS, F-L 33  | 3071   | 84 City                                   |   | 85 Zip Code                       |
| 4  |  |  |   |   | FL                                |
| or register<br>familiar wit<br>SIGNATURE | ed agent, or both, in the State of Flor<br>b, and accept the obligations of, Sec | ida. Such change was authorized r<br>stion 607,0505, Florida Statutes. | by the corporation's boa                  | ration submits this statement for the purpose or<br>and of directors. I hereby accept the appointment | nt as registered agent. I am      |
| 12.                                      | Signature, typed or printed name of registered agen                              | nt and title if applicable (NOTE: F<br>ND DIRECTORS                    | Registered Agent signature require        | ad when reinstating!  ADDITIONS/CHANGES TO OFFICERS   |                                   |
| TITLE                                    | PRES DENT  | DELETE V   | 1.1 TITLE                                 |   | Change Addition                   |
| NAME                                     | BANDA JUNE   |  | 1.2 NAME                                  |   |                                   |
| STREET ADDRESS                           | 6710 N. UNIVERSIT  | yac  | 1.3 STREET ADDRESS                        |   |                                   |
| CITY-ST-ZIP                              | TAMARAC, FL 833  | 21   | 1.4 CITY-ST-ZIP<br>2 1 TITLE              |   | Change Addition                   |
| TITLE                                    | SCRAMAY<br>SCHREICE, SANDLA<br>6710 N. UNIV B.                                   | <u>.</u>   | 22 NAME                                   |   |                                   |
| NAME<br>STREET ADORESS                   | LOLD N. UNIV D   | A.   | 2.3 STREET ADDRESS                        |   |                                   |
| CITY-ST-ZIP                              | Monnage, PL 33   | 3321   | 2.4 CITY - ST - ZIP                       |   |                                   |
| TITLE                                    |  | ☐ DELETE   | 3. 1 TITLE                                |   | Change Addition                   |
| NAME                                     |  |  | 3.2 NAME                                  |   |                                   |
| STREET ADDRESS                           |  |  | 3.3 STREET ADDRESS                        |   |                                   |
| CITY-ST-ZIP<br>TITLE                     |  | [7] DELETE   | 3.4 C/TY - ST - Z/P<br>4. 1 TITLE         | 100001801   | Cfunge Addition                   |
| NAME                                     |  | _  | 4.2 NAME                                  | 1 00001 801<br>-04/30/9601052-<br>***200.00   | 011                               |
| STREET ADDRESS                           |  |  | 4.3 STREET ADORESS                        | ホホホといい。UU   |                                   |
| CHY-ST-ZiP                               |  |  | 4.4 CITY - ST - ZIP                       |   | Change Addition                   |
| TITLE                                    |  | ☐ DELETE   | 5. 1 11TLE                                |   | ☐ Change ☐ Addition               |
| NAME                                     |  |  | 52 NAME                                   |   |                                   |
| STREET ADDRESS                           |  |  | 5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |   |                                   |
| CITY-ST-ZIP<br>THLE                      | <u> </u>   | DELETE   | 6. 1 TITLE                                |   | Change Addition                   |
| NAME                                     |  | _  | 6.2 NAME                                  |   | 2/21                              |
| STREET ADDRESS                           |  |  | 6 3 STREFT ADDRESS                        |   | · 4.7                             |
| OLTA CT 710                              |  |  | 64 CITY-ST-ZIP                            |   |                                   |

14. Ido 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: Ju

CHAS JUNE BEYARD OFFICER OR DIRECTOR

4/22/96 954726-9747