## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000012449 (1)

FREEDOM 1, INC.

FILED Apr 24 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address				I SEDEIARDY 196 I DIOL BINIL GOSHI DÖNIN DEHAL	ORIES NOIS 15811 BIBIL BIBSS SBILLED		
502 B. WEST FLETCHER AVE. TAMPA FL 33612	502 B. WEST FLETCHER TAMPA FL 33612-3419	R AVE.					
				3. Date Incorporated or Qualified 02/14/1995	3a. Date of Last Report 01/30/1996		
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21	26			<b>59-3304136</b> Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be		
23	28			Trust Fund Contribution	Added to Fees		
Zip Country	Zip	Cou	untry	8. This corporation has liability for i			
24 25	29	30			Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
ALLEN, C. STEPHEN ESQ			81 Name				
ALLEN & MEIROSE, P.A. SUITE 340, 4830 W. KENNEDY BLVD.		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33609			83				
			84 City		FL 85 Zip Code		
<ol> <li>Pursuant to the provisions of Sections 607.00 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl</li> </ol>	te of Florida. Such change wa	s authorize	d by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered of the appointment as 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 it applicable (NOTE Registered Agent a grature required when reinstating) DATE											
12.	OFFICERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 12					
TITLE	D	DELETE	1.1 TITLE		Change	Addition					
NAME	BUNDY, GREG A		1.2 NAME								
STREET ADDRESS	502 B WEST FLETCHER AVE.		1.3 STREET ADDRESS			ļ					
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP								
TITLE	D	DELETE	21 TITLE		Change	Addition					
NAME	BUNDY, MARY ELIZABETH		2 2 NAME								
STREET ADDRESS	502 B WEST FLETCHER AVE.		2.3 STREET ADDRESS								
CITY-ST-ZIP	TAMPA FL 33612		2.4 CHY-\$1-ZIP								
TITLE		DELETE	3.1 TIFLE		☐ Change	☐ Addition					
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY - 51 - ZIP			_ <b>_</b>					
TITLE		DELETE	41 THILE		Change	☐ Addition ☐					
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		DELETE	51 TITLE		Change	Addition					
NAME		'	5.2 NAME			Ì					
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<del></del>						
TITLE 1		☐ DELETE	61 TITLE		☐ Change	☐ Addition					
NAME (#15)			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY-ST-ZIP								

I do 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 logal effect as if made under eath; 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.

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