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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

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Apr 28 1997 8:00am

Secretary of State

0248837

Sandra B. Mortham

Secretary of State

1997

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUMENT # P95000050185 (4) FREEDOM AGJ, INC. Principal Place of Business Mailing Address 12864 BISCAYNE BLVD. 1717 N. BAYSHORE DRIVE **SUITE 127** SUITE 325 NORTH MIAMI FL 33181-2007 MIAMI FL 33132 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For BOI BRICKELL AVENUE 21 BOI BRICKELL AVENUE 65-0594776 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, USA 29 3313 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SORTER, ALAN W 1717 N. BAYSHORE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **UNIT 1157** 83 **MIAMI FL 33132** 84 City Zip Code 85 11. Pursuant to the previsions 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 farm an Jith, and accept the obligations of Section 607.0505, Florida Statutes. ent and the if applicable 12. AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. Addition DELETE Change blif 11 TITLE SORTER, ALAN W 1.2 NAME CR2E034 1717 N. BAYSHORE DRIVE #1157 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - \$T - ZIP CITY-ST 205 DEL ETE Change Addition THEF 2.1 TITLE HUSKISSON, GREGORY J 2.2 NAME NAME 353 KEELSON DRIVE 2.3 STREET ADDRESS STREET ADDRESS DETROIT MI Crty-St-7P 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE HUSSKINSON, GREY 3.2 NAME MARSE 17300 N.W. 68TH AVENUE NO. 117 3.3 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 3.4. CITY-ST-ZIP City -\$1 - 76 DELETE Change Addition DISE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-S1-ZIF TITLE DELETE Change Addition 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-\$1-20F 54 CITY - ST-ZIP Change DELETE Addition 6.1 TITLE 11tf NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** CHY - \$1 - 70° 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 path; 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

AN W. SORTER