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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071806

1 Corporation Name

FREE TRADING & ASSOCIATES OF FLORIDA, INC.

Mailing Address

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90056 026 ***150.00



7250 NORTH EAST 4TH COURT 7250 NORTH EAST 4TH COURT			IRT				1
MIAMI FL 33138 MIAMI FL 33138		5.11		4187 1479175 14171		•	
us					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
L					09/14/1995		
		2a. Mailing Address			4. FEI Number		Applied For
21	· ·	26			65-0622184		Vot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27		•		5. Certificate of Status Desired Fee Required		ı
22 27					6. Election Campaign Financing	\$5.00	0.14
23 28				6. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	
24	25 Miami Dade 29 30		Mia	Miami Dade Personal Property Tax. X Yes No			
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
FRIEDMAN, STEVEN D				82 Street Address (P.O. Box Number is Not Acceptable)			
465 OCEAN DRIVE			62	Street Address (P.O. Box Number is Not Acceptable)			í (
APARTMENT 508			83	83 Apartment 210			
MIAMI BEACH FL 33139					partment 310 - 85 Zip Code		
ĺ	•		84	City	F	L 85 Zip	·
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose	of changing it	ts 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.							
agent, i am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: R	egistered Age	nt signature require	nd when reinstating) DATE		
12. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1,1 TITLE			(X) Change	Addition
NAME I	FRIEDMAN, STEVEN D		1.2 NAME				
STREET ADDRESS	465 OCEAN DR., APT. 500		1.3 STREE	TADDRESS 4	65 Ocean Drive, #310		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CiTY-S	T-ZIP M	Miami Beach, FL_ 33 <u>13</u> 9	•	}
TITLE	1910 1111 120 1011 1	· DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	ş		23 STREE	TADDRESS			1
CITY-ST-ZIP	· 1		2. 4 CITY-5	1	•)
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ነ ነ			3.4. CITY-5	· ·	•		}
CITY-ST-ZIP /		☐ DELETE	4.1 TITLE	-, 44		Change	Addition
NAME	•	. -	4. 2 NAME				_
			•	T ADDRESS :	<u>-</u>		
STREET ADDRESS CITY-ST-ZIP			4.3 STREE				• • •
TITLE		☐ DELETE	5.1 TITLE	,,-21		Change	Addition
NAME		<u></u>	52 NAME	ţ			_ [
STREET ADDRESS				TADORESS			
CITY-ST-ZIP	يالمدر المصيرين والرح الداد		5.4 CITY-S	<u> > ≈===</u>			==
TITLE		DELETE .	6.1 TITLE	-		Change	Addition
			6.2 NAME	`		بي	
NAME			1	T ADORESS		•	
STREET ADDRESS			6.4 CITY-S	1			ļ
CATY+ST-ZIP			0.4 (1(1)-2	·			[

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, with all other like empowered.

SIGNATURE:

IG OFFICER OR DIRECTOR