**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

APPROVED AND

1997 SEP -- 5 PN 3: 14

SECRETARY OF STATE

| 8360 A TRENT COURT PO BOX 5333  | וומו ומתו ומון פווע הופון וופטן ווומן ושנעת ווומן שפווו שפווו שפווו שווו שווו און ווא ומווו ושפוו און                       |
|---|---|
| 8360 A TRENT COURT PO BOX 5333  |   |
| 1 444 - 144 - |   |
|   |   |
| U\$   | DO NOT WRITE IN THIS SPACE e Incorporated or Qualified 38. Date of Last Report  |
|   |   |
|   | /13/1995  |
| <del></del>   | APPLIED FOR 65-0636 TOLON Applicable  |
| Suite, Apt. #, etc.   | tificate of Status Desired S8.75 Additional   |
| 22] [27]  | Fee Required  |
|   | tion Campaign Financing \$5.00 May Be<br>st Fund Contribution Added to Fees   |
|   | corporation owes or has paid the current year Intangible  |
|   | sonal Property Tax due June 30. Yes No ne and Address of New Registered Agent   |
| WOLFE, LARRY  81 Namo   | tie die Addiess of Men Hedistalen Adelit  |
| WOLFE, LARRI  |   |
| TALLAHASSEE FL 32303-6643   | Box Number is Not Acceptable)   |
| 83  |   |
| 84 City   | 85 Zip Code   |
| Oily Oily   | FL 85 Zip Code  |
| <ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation sul office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>   | omits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered |
| SIGNATURE   |   |
| Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when roinst  12. OFFICERS AND DIRECTORS  13. ADDI  | ating)  DATE  TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
| TITLE D DELETE 11 TITLE   | Change Addition   |
| NAME SCALA, DOMINICK 1,2 NAME   | -   |
| STREET ADDRESS 8360 A TRENT COURT 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP BOCA RATON FL 33433 14 CITY-ST-ZIP  |   |
| TITLE DELETE 2.1 TITLE  | ☐ Change ☐ Addition   |
| AME 22 NAME   | 900002288579-3  |
| REET ADDRESS 2.3 STREET ADDRESS   | ****165.00 ****165.00   |
| 11Y-ST-ZIP  | Change Addition   |
| TITLE L_I DELETE 3.1 TITLE  NAME 3.2 NAME   | Li Change Li Addidon  |
| STREET ADDRESS 3.3 STREET ADDRES  | ļ   |
| GITY-ST-ZIP 3.4 CITY-ST-ZIP   | ,   |
| TITLE DELETE 41 TITLE   | Change Addition   |
| NAME 4.2 NAME   | — <b>,</b> — ,  |
| STREET ADDRESS 4.3 STREET ADDRESS   |   |
| CITY-ST-ZIP 4.4 CITY-S1-7IP   |   |
| TALE DELETE 5.1 TITLE   | Charige Addition  |
| NAME 5.2 NAME   | ,   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE  | D Change D Agency   |
| ——————————————————————————————————————  | ☐ Change ☐ Addition   |
| NAME 6.2 NAME STREET ADDRESS 6.3  | ,   |
|   | -5-97   |

14. 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 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 or an attachment with an address.

Attn: Sam Caldwell,

Enclosed are copies of my documents stating that i did send 1997 profit annual report on april 28 1997 via overnight mail.

I spoke with you yesterday, and also enclosed is a new money order for 165 dollars. If you do find that the division has cashed my fist money order, I trust you will refund my second 165 dollars.

I thank you for your time.

Dominick Scala

President

FreeSlavery inc.