

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

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**Apr 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006763 (2)

1. Corporation Name
FREEMAC, INC.



Principal Place of Business 7004 HAZELHURST COURT TAMPA FL 33615	Mailing Address 7004 HAZELHURST COURT TAMPA FL 33615-2945
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3. Date Incorporated or Qualified 01/11/1996	3a. Date of Last Report
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2. Principal Place of Business 21 6501 N. HIMES AVE Suite, Apt. #, etc. 22 SUITE 104 City & State 23 TAMPA, FL. Zip 24 33614 Country 25 USA	2a. Mailing Address 26 6501 N. HIMES AVE Suite, Apt. #, etc. 27 SUITE 104 City & State 28 TAMPA, FL Zip 29 33614 Country 30 USA
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4. FEI Number 59-3350910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FREEMAN, LESTER C JR.
7004 HAZELHURST COURT
TAMPA FL 33615**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	FREENAB, LESTER C JR.	
STREET ADDRESS	7004 HAZELHURST COURT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/>
NAME	MCCOOK, WILLIAM W	
STREET ADDRESS	602 - 4TH AVE. SW	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D/P/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	FREEMAN, LESTER C. JR.		
1.3 STREET ADDRESS	7004 HAZELHURST CT		
1.4 CITY-ST-ZIP	TAMPA, FL. 33615		
2.1 TITLE	D/INT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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: *Lester C. Freeman* **RESIDENT** 4/17/97 (813) 879-6609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)