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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

MISTER	R FREELANCE, INC.	00033114 (5)				
Principal Plac	e of Business	Mailing Address			i inneinnt sin inten attet natet barti fatti bath bath	188 HILD HEBT (1811 BID1 1801
9225 ULMERTON RD		9225 ULMERTON RD			1	
SUITE 408 LARGO FL 34641		SUITE 408			DO NOT WRITE IN THIS	SPACE
DANGO PL 34	1041	LARGO FL 34641			3. Date Incorporated or Qualified	or ACL
					04/12/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3381056	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 337	7/ Country 25	<sup>7(p</sup> 33771	Country 30		B. This corporation owes or has paid the cu Personal Property Tax due June 30.	
	9. Name and Address of Curr				10. Name and Address of New Registered	
KN	OERR, JAY		81	Name		
	9225 ULMERTON RD			Stroot A	ddress (P.O. Box Number is Not Acceptable)	
SUITE 408			82	SHOULA	ddress (P.O. Box Number is Not Acceptable)	
	RGO FL 34641		83			
			84	City		
			04	City	FL	
agent. Fai	M familiar with, and accept the obli-	gations of, Section 607.0505, Flor	oda Statutes	i.	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the ap- equived when reinstating)	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP	L_J DELETE	1.1 TITLE		P	☐ Change ☐ Addition
NAME	1		1.2 NAME			
STREET ADDRESS	9225 ULMERTON RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL DV	The Late	1.4 CHTY - ST	I - ZIP		
TITLE	• •	DELLETE	2.1 TITLE			Change Addition
NAME OTREST ARRESSO	MOHR, BRIAN 9225 ULMERTON RD		2.2 NAME			
STREET ADDRESS	LARGO FL		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MUDO I L	DLLEIE	2. 4 CITY - S 3.1 TITLE	1-211		Change Addition
NAME		vection	3.2 NAME			Cuange - Montroll
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP						;
TITLE		DELETE 4.11		T-ZIP		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TillE			☐ Change ☐ Addition
NAME			5.2 NAME			, –
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY+ST+ZIP			5.4 CITY- ST			
TITLE	The state of the s		6.1 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS	•		63 STREET	ADDRESS		

14. Thereby 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 13 if charged, or on an another in 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 13 if charged, or on an another in 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 13 if charged, or on an another in 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

**FILED** 

Apr 14 1998 8:00am

Secretary of State