


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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90128 032 \*\*\*150.00



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| <b>PROFIT CORPORATION<br/>ANNUAL REPORT<br/>1999</b>  |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Katherine Harris<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # P96000033114</b>  |  |   |  |
| 1. Corporation Name<br><b>MISTER FREELANCE, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>9225 ULMERTON RD<br/>SUITE 408<br/>LARGO FL 33771<br/>US</b>  |  | Mailing Address<br><b>9225 ULMERTON RD<br/>SUITE 408<br/>LARGO FL 33771<br/>US</b>  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc. <b>412</b>   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc. <b>412</b>  |  |
| 23 City & State   |  | 28 City & State   |  |
| 24 Zip Country 25   |  | 29 Zip Country 30   |  |
| 9. Name and Address of Current Registered Agent<br><b>KNOERR, JAY<br/>9225 ULMERTON RD<br/>SUITE 408<br/>LARGO FL 34641</b>   |  |   |  |
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE <b>DP</b> <input type="checkbox"/> DELETE<br>NAME <b>KNOERR, JAY</b><br>STREET ADDRESS <b>9225 ULMERTON RD</b><br>CITY-ST-ZIP <b>LARGO FL</b><br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  |   |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)