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May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90062 041 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000078390**

1. Corporation Name

**LAW OFFICES OF JAY D. FREEDMAN, ESQ., P.A.**



Principal Place of Business <b>3000 SOUTH OCEAN BLVD. STE 1205 BOCA RATON FL 33432</b>	Mailing Address <b>3000 SOUTH OCEAN BLVD. STE 1205 BOCA RATON FL 33432</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6032 NW 73<sup>rd</sup> Ct</b>		2a. Mailing Address 26 <b>6032 NW 73<sup>rd</sup> Ct</b>		3. Date Incorporated or Qualified <b>09/20/1996</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0697777</b>	
City & State 23 <b>Parkland FL</b>		City & State 28 <b>Parkland FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33067</b>		Zip 29 <b>33067</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FREEDMAN, JAY D  
3000 SOUTH OCEAN BLVD. STE 1205  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name <b>Roberta Freedman</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6032 NW 73<sup>rd</sup> Court</b>
83
84 City <b>Parkland</b>
85 Zip Code <b>FL 33067</b>

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 **Roberta Freedman**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/4/99**  
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FREEDMAN, JAY D</b>		1.2 NAME	
STREET ADDRESS <b>3000 SOUTH OCEAN BLVD. STE 1205</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33432</b>		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/99**  
Date

**571-393-8236**  
Daytime Phone #

CR2E034 (11/98)