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APPROVED
AND
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1997 APR 30 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099142 (7)

1. Corporation Name

FREESPIRIT FARM, INC.

Principal Place of Business

1835 N.E. 4TH AVENUE
FT LAUDERDALE FL 33305

Mailing Address

1835 N.E. 4TH AVENUE
FT LAUDERDALE FL 33305-3908

3. Date Incorporated or Qualified

12/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 450 E LAS OLAS BLVD

(Suite, Apt. #, etc.)

22 1500

City & State

23 FT LAUDERDALE FL

Zip 33301

Country USA

2a. Mailing Address

26 450 E LAS OLAS BLVD

(Suite, Apt. #, etc.)

27 1500

City & State

28 FT LAUDERDALE FL

Zip 33301

Country USA

4. FEI Number

65-071815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

RICHARDSON, GEX F
1835 NE 4TH AVENUE
FT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS HUIZENBA 14. WAYNE JR
CITY-ST-ZIP 450 E LAS OLAS BLVD 15 FLOOR
FOIT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME VPS
STREET ADDRESS PIERCE WILLIAM M
CITY-ST-ZIP 450 E LAS OLAS BLVD 15 FLOOR
FOIT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME T
STREET ADDRESS BROWN CRIS V
CITY-ST-ZIP 450 E LAS OLAS BLVD 15 FLOOR
FOIT LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS V BROWN

4/24/97

954-627-5000

Date

Daytime Phone # 0005180

CR2E034 (9/96)