

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

FILED

98 APR 29 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000099142 (7)

1. Corporation Name
FREESPIRIT FARM, INC.

Principal Place of Business
**450 E. LAS OLAS BLVD
STE 1500
FT LAUDERDALE FL 33301**

Mailing Address
**450 E. LAS OLAS BLVD
STE 1500
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified
12/06/1996

4. FEI Number
65-0711815

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt. #, etc

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

**RICHARDSON, GEX F
1935 NE 4TH AVENUE
FT LAUDERDALE FL 33305**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUIZENGA, WAYNE H JR.	1.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., 15TH FLOOR	1.3 STREET ADDRESS	200002508242-- 9
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	-05/01/98--01101--007
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, WILLIAM M	2.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., 15 FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDEN, CRIS V	3.2 NAME	VT BRANDEN CRIS V
STREET ADDRESS	450 E. LAS OLAS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE		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		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		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 as an attachment with an address.

SIGNATURE: *[Signature]* **CRIS V BRANDEN** 4/27/98 954-627-5200

CR2E034 (10/97)