PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000004856

TALBOT FREEMAN & ASSOC., INC.

Principal Place	e of Business	Mailing Address		
2100 S COEAN	IN	2100 MS OCEAN LANE		
C.00 0 000 =-		STE 2112		
FT LAUD FL 33316		FT LAUD FL 33316		DO NOT WRITE IN THIS SPACE
US	•••	US		3. Date Incorporated or Qualifed
				01/13/1997
2. Principal P	lace of Business	2a. Mailing Address		A ESI Number
⊢ i '		26	•	59-3428802 Not Applicable
21	ш	Suite, Apt. #, etc.		\$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing S5.00 May Be
23	·	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30	7	Personal Property Tax.
	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent
			81 Name	
BOSSHAROT, KURT E ESQ				
			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
ALLEY MAASS ROGERS & LINDSAY, PA				
l	SE 17TH ST, STE 404		83	
FORT LAUDERDALE FL 33316			84 City	85 Zip Code
	•		GH City	FL 3 2 3 3
11. Dursuest to the previous 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 nereby 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		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND		13.	
TITLE	D	☐ DELETE	1.1 TITLE	REEMAN, TALBOT De alla
NAME .	FREEMAN, TALBOTO III -		1.2 NAME	KEEPINO NALDON STE 2112
STREET ADDRESS	545 8 ATLANTIC BLAD STE 70	ا <i>ح</i> ر	1.3 STREET ADDRESS	00 SI OCEAN DINE TIE
CITY-ST-ZiP	FORTH LANDERDAKE FOR 33816	·	1.4 CITY-ST-ZIP	T. LAUDERDALE, FL 33516
TITLE	- Carl	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS	, .	-	2.3 STREET ADORESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Change 17 Addition
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Change C Addition
TITLE		☐ DELETÉ	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
)				

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 of trusted 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 exact these my arress, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

Addition

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90111 034 ***150.00