

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

**FILED**  
**Feb 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000006799 (5)**  
 1. Corporation Name  
**FREEDOM FINANCIAL CONSULTANTS, INC.**



Principal Place of Business <b>STE. D. 4315 HIGHLAND PARK BLVD. LAKELAND FL 33813</b>	Mailing Address <b>STE. D. 4315 HIGHLAND PARK BLVD. LAKELAND FL 33813</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3510 S. Florida Ave.</b> Suite, Apt. #, etc. 22 <b>516 103</b> City & State 23 <b>LAKELAND, FLORIDA</b> Zip 24 <b>33803</b>		2a. Mailing Address 26 <b>3510 S. Florida Ave.</b> Suite, Apt. #, etc. 27 <b>516, 103</b> City & State 28 <b>Lakeland, Florida</b> Zip 29 <b>33803</b>		3. Date Incorporated or Qualified <b>01/23/1997</b>	
25 <b>FLORIDA</b>		30 <b>FLORIDA</b>		4. FEI Number <b>59-3425350</b>	
Country		Country		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132</b>				10. Name and Address of New Registered Agent			
B1 Name <b>LARRY H. LYNN, JR.</b>				B2 Street Address (P.O./Box Numbers Not Acceptable) <b>3510 S. Florida Ave.</b>			
B3				B4 City <b>Lakeland</b>			
B5 Zip Code <b>33803</b>				FL			

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]* DATE: **2/16/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>V</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>LYNN, SUSAN C</b>		1.2 NAME	<b>B. JOE CHRISTIAN</b>			
STREET ADDRESS	<b>STE. D, 4315 HIGHLAND PARK BLVD.</b>		1.3 STREET ADDRESS	<b>3510 S. Florida Ave. - 516 103</b>			
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>		1.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33803</b>			
TITLE	<b>D - P</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>T - S</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>LYNN, LARRY H JR.</b>		2.2 NAME	<b>JOY T. CARUSO</b>			
STREET ADDRESS	<b>STE. D, 4315 HIGHLAND PARK BLVD.</b>		2.3 STREET ADDRESS	<b>3510 S. Florida Ave. 516 103</b>			
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>		2.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33803</b>			
TITLE	<b>D - P</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>LYNN, LARRY H JR</b>		3.2 NAME				
STREET ADDRESS	<b>3510 S. Florida Ave. 516 103</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>Lakeland, FL. 33803</b>		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.

SIGNATURE: *[Signature]* - Joy T. Caruso DATE: **2/16/98** (941) 646-0077

CR2E034 (10/97)