

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000051884 (9)

1. Corporation Name  
FREEDOM CARDS, INC.

Principal Place of Business  
235 S. MAITLAND AVE., STE. 216  
MAITLAND FL 32751

Mailing Address  
235 S. MAITLAND AVE., STE. 216  
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 499 N SR 434 Suite, Apt. #, etc. 22 Ste 2027 City & State 23 Altamonte Springs, FL Zip 24 32714 Country 25 USA		2a. Mailing Address 26 499 N. SR434 Suite, Apt. #, etc. 27 Ste. 2027 City & State 28 Altamonte Springs, FL Zip 29 32714 Country 30 USA		3. Date Incorporated or Qualified 06/11/1997	
				4. FEI Number 59-3464924	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name DAVID M. BEOUGHNER 82 Street Address (P.O. Box Number is Not Acceptable) 499 N SR 434 Ste 2027 83 84 City Altamonte Springs, FL 85 Zip Code 32714	
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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 DAVID M. BEOUGHNER  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Benjamin P. Butera
STREET ADDRESS		1.3 STREET ADDRESS	206 Park Ave. S.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DAVID M. BEOUGHNER
STREET ADDRESS		2.3 STREET ADDRESS	499 N SR 434 Ste 2027
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
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, unchanged, or on an attachment with an address.

SIGNATURE: David M. Beoughner Secretary DAVID M. BEOUGHNER 4/6/98 (407) 788-1300

CR2E034 (10/97)