

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 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 # P97000070759 (0)

1. Corporation Name  
 ELLEN FREEDMAN P.A.



Principal Place of Business: 6601 BREVITY LN. MIAMI BEACH FL 33141  
 Mailing Address: 6601 BREVITY LN. MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1234 Washington Ave, Rm 204, 3180 N Bay Rd. Suite, Apt. #, etc. Miami Beach, FL. City & State: Miami Beach, FL. Zip: 33140. Country: USA  
 2a. Mailing Address: 3180 N Bay Rd. Suite, Apt. #, etc. Miami Beach, FL. City & State: Miami Beach, FL. Zip: 33141. Country: USA

3. Date Incorporated or Qualified: 08/14/1997  
 4. FEI Number: 59-3495-938 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: KAHN, DONALD J, 317 71ST ST. MIAMI BEACH FL 33141

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

12. OFFICERS AND DIRECTORS	
TITLE: D	FREEDMAN, ELLEN <input type="checkbox"/> DELETE
NAME: FREEDMAN, ELLEN	<i>Use</i>
STREET ADDRESS: 6601 BREVITY LN.	<i>new address</i>
CITY-ST-ZIP: MIAMI BEACH FL 33141	
TITLE: PVST	FREEDMAN, ELLEN <input type="checkbox"/> DELETE
NAME: FREEDMAN, ELLEN	<i>alone</i>
STREET ADDRESS: 6601 BREVITY LN.	
CITY-ST-ZIP: MIAMI BEACH FL 33141	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	700002661107
2.3 STREET ADDRESS:	-10/12/98--01004--015
2.4 CITY-ST-ZIP:	***300.00
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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: *ELLEN FREEDMAN*

CR2E034 (5/98)

ELLYN FREEDMAN LCSW  
3180 N. BAY RD.  
MIAMI BEACH,  
FL.  
33140  
305-531-4141

September 25, 1998

DEAR DIVISION OF CORPORATION PERSONNEL;

*I am requesting that my fee for profit cooperation be collected in 2 payments as I did not receive the first notice as I was in the process of moving. I was not aware of the filing fee as this was my first year in business in Florida. My next payment will be Oct. 15. Thank you for your consideration in this matter. The fee presents a severe financial hardship at this time.*

*If this is unacceptable to you, please let me know immediately by fax 305-531-4141, same as phone.*

*Thank you for your consideration in this matter.*

  
Ellyn Freedman