05-10-1999 90165 016 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

Mailing Address

COLEMAN C. SWEET ATTY. AT LAW

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075654

Principal Place of Business

8464 NW 2 ST

FREEFALL CORPORATION

CORAL SPRINGS FL 33071		6113 PLANTATION RD. PLANTATION FL 33317		DO NOT WRITE IN THIS SPACE			
		Taximon 12 door			3. Date Incorporated or Qualifed 08/30/1997		-
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
	add or Sagmood	26			65-0789689	No	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	Additional
	,, 0.0.	27			5. Certifcate of Status Desired	Fee Re	quired
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	, ,
Zip Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Int	tangible	
24	25	F '	30	ŕ	Personal Property Tax.		⊠ No
24	9. Name and Address of Curi		1		10. Name and Address of New Registered	Agent	
SWEET, COLEMAN C				83 /19 84 City T	55.Oakland PK. Blv.	1/0 d. 85 Zip C	
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							
		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12
12.	PDST	DELETE	1,1 111	F	ADDITIONO/OFFICEOUS TO COMPANY	Change	Addition
	BLAND, JOSEPH G	_,	1.2 NA				_ ,
NAME	8464 N.W. 2ND STREET			REET ADDRESS			
STREET ADDRESS	CORAL SPRINGS FL 33071						
CITY-ST-ZIP	CURAL SPRINGS PL 330/ I	☐ DELETE	2.1 TIT	Y-ST-ZIP		Change	Addition
TITLE		C octain	2.2 NA	i		_ ,	_
NAME							,
STREET ADDRESS			1	REET ADORESS			
CITY-ST-ZIP		☐ DELETE	2. 4 Cl	ry-st-zip		Change	Addition
TITLE		L.J DELETE	1			\$a	
NAME			3.2 NA				
STREET ADDRESS				REET ADDRESS			i
CITY-ST-ZIP				Y-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4,1 TIT				C) Addition
NAME			4.2 NA				
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			_	Y-ST-ZIP		- Chan	□ A.d.d;a:
TITLE		☐ DELETE	5.1 TIT			☐ Change	Addition
NAME			5.2 NA	1			
CTDEET ADDRESS			5.3 ST	REET ADDRESS			

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 attachpent with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Change

☐ Addition