
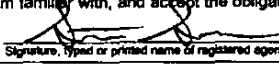


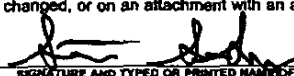
FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90014 011 ***150.00

08-09-1999 90007 013 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97 000 101 502			
1. Corporation Name FREEDOM LIVING, INC.			
Principal Place of Business 2855 SW 65th Ave Longwood, FL 32744 2700 Plymouth-Sorrento Road, Apopka Fla. 32712		Mailing Address 2855 SW 65th Ave Longwood, FL 32744 2700 Plymouth-Sorrento Road, Apopka Fla. 32712	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3482189	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation owes the current year intangible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country	Country	Personal Property Tax.	
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEVEN L. SNELEY 2700 PLYMOUTH-SORRENTO RD APOPKA, FL 32712		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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		DATE	
		6-24-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME SNELEY, STEVEN L. STREET ADDRESS 2700 PLYMOUTH-SORRENTO RD CITY-ST-ZIP APOPKA, FL 32712		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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, with all other like empowered.

SIGNATURE X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-99

407-841-535

CR2E034 (1/98)

602840-90007-13
P97000101502

STEVE SHELEY
2700 PLYMOUTH-SORRENTO RD
APOPKA, FL 32712

Request taken by: thampton
06-11-1999

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314