SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

FREEDOM INVESTMENTS, INC.

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

09-22-1999 90010 034 ***550.00

Principal Place	e of Business	Mailing Address		
306 SABAL PARK PLACE 306 SABAL PARK PLACE				
#206 #206				DOMOTHER THE OPEN
LONGWOOD FL 32779 LONGWOOD FL 32779			-	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 01/14/1998
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 305	PARK PINLE	26 PO BOX 3	373	59 - 348794 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
	MONTE SPRINGS, FL	27 WINTED DADE	1, Fx	Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 317		28 32 <i>790</i>		Trust Fund Contribution L. Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. Yes No
24	25		30	The state of the s
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
SMIT	H, TIMOTHY A			TIMOSHY B. SMSSH
306 SABAL PARK PLACE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
#206			83	305 PADY DIALL
	GWOOD FL 32779			ALLAMONTO SPRINGS FL
			84 City	FL 85 Zip Code 3 3 2 1
11. Pursuant	to the provisions of sections 607.050	2 and 607:1508, Florida Statutes	, the above-named corp	poration 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.				
} ~	ann tanninar with, and accept the obig	jations of, section our todos, mor	ida Statutes.	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signature n	equired when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	SMITH, TIMOTHY A		1.2 NAME	TEMOTHY B. SMITH 305 PARK PLAKE
STREET ADDRESS	306 SABAL PARK PLACE #20	6	1.3 STREET ADDRESS	305 PARK PT.
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP	ALIAMONTE SPAINS, 12 32701
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE	_	_ DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change
NAME			5.2 NAME.	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
1				· · · · · · · · · · · · · · · · · · ·

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: _

SICOLOGICA SIGNING OFFICER OR DIRECTOR

407-644.3254