


FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90031 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 998000066760 ✓
1. Corporation Name
 Three Freds, Inc

Principal Place of Business

Miami

Mailing Address5109-H N. Ocean Blvd.
Ocean Ridge, FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-27-98

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0856710

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 the current year Intangible**

Personal Property Tax.

☐ Yes☒ No**9. Name and Address of Current Registered Agent**Robert Smoley
201 S. Biscayne Blvd. 17th Floor
Miami, FL 33131**10. Name and Address of New Registered Agent****81 Name**

Jeanne Hudlett

82 Street Address (P.O. Box Number is Not Acceptable)

5109-H N. Ocean Blvd

83**84 City**

Ocean Ridge

FL

85 Zip Code

33435

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

Jeanne Hudlett

6-23-99

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****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ DELETE**TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ DELETE**TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ DELETE**TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ DELETE**TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ DELETE**TITLE****NAME****STREET ADDRESS****CITY-ST-ZIP**☐ DELETE**13.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****1.1 TITLE****1.2 NAME****1.3 STREET ADDRESS****1.4 CITY-ST-ZIP**P Jennifer Hudlett
5109-H Ocean Blvd.
Ocean Ridge, FL 33435☐ Change☐ Addition**2.1 TITLE****2.2 NAME****2.3 STREET ADDRESS****2.4 CITY-ST-ZIP**☐ Change☐ Addition**3.1 TITLE****3.2 NAME****3.3 STREET ADDRESS****3.4 CITY-ST-ZIP**☐ Change☐ Addition**4.1 TITLE****4.2 NAME****4.3 STREET ADDRESS****4.4 CITY-ST-ZIP**☐ Change☐ Addition**5.1 TITLE****5.2 NAME****5.3 STREET ADDRESS****5.4 CITY-ST-ZIP**☐ Change☐ Addition**6.1 TITLE****6.2 NAME****6.3 STREET ADDRESS****6.4 CITY-ST-ZIP**☐ Change☐ Addition

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:

Jennifer Hudlett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-99

Date

672-7779

Daytime Phone #

CR2E034 (11/98)